

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: PW
APPLICATION YEAR: 2006

- [FORM 1 - SF424](#)
- [FORM 2 - MCH BUDGET DETAILS](#)
- [FORM 3 - STATE MCH FUNDING PROFILE](#)
- [FORM 4 - BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED AND SOURCES OF FEDERAL FUNDS](#)
- [FORM 5 - STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES](#)
- [FORM 6 - NUMBER AND PERCENTAGE OF NEWBORN AND OTHERS SCREENED, CASE CONFIRMED, AND TREATED](#)
- [FORM 7 - NUMBER OF INDIVIDUALS SERVED \(UNDUPLICATED\) UNDER TITLE V](#)
- [FORM 8 - DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX](#)
- [FORM 9 - STATE MCH TOLL-FREE TELEPHONE LINE DATA](#)
- [FORM 10 - TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2004](#)
- [FORM 11 - NATIONAL AND STATE PERFORMANCE MEASURES](#)
- [FORM 12 - NATIONAL AND STATE OUTCOME MEASURES](#)
- [FORM 13 - CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CHILDREN WITH SPECIAL HEALTH CARE NEEDS](#)
- [FORM 14 - LIST OF MCH PRIORITY NEEDS](#)
- [FORM 15 - TECHNICAL ASSISTANCE \(TA\) REQUEST AND TRACKING](#)
- [FORM 16 - STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEETS](#)
- [FORM 17 - HEALTH SYSTEM CAPACITY INDICATORS \(01 THROUGH 04,07,08\) - MULTI-YEAR DATA](#)
- [FORM 18](#)
 - [MEDICAID AND NON-MEDICAID COMPARISON](#)
 - [MEDICAID ELIGIBILITY LEVEL \(HSCI 06\)](#)
 - [SCHIP ELIGIBILITY LEVEL \(HSCI 06\)](#)
- [FORM 19](#)
 - [GENERAL MCH DATA CAPACITY \(HSCI 09A\)](#)
 - [ADOLESCENT TOBACCO USE DATA CAPACITY \(HSCI 09B\)](#)
 - [OVERWEIGHT AND OBESITY DATA CAPACITY \(HSCI 09C\)](#)
- [FORM 20 - HEALTH STATUS INDICATORS 01-05 - MULTI-YEAR DATA](#)
- [FORM 21](#)
 - [POPULATION DEMOGRAPHICS DATA \(HSI 06\)](#)
 - [LIVE BIRTH DEMOGRAPHICS DATA \(HSI 07\)](#)
 - [INFANT AND CHILDREN MORTALITY DATA \(HSI 08\)](#)
 - [MISCELLANEOUS DEMOGRAPHICS DATA \(HSI 09\)](#)
 - [GEOGRAPHIC LIVING AREA DEMOGRAPHIC DATA \(HSI 10\)](#)
 - [POVERTY LEVEL DEMOGRAPHIC DATA \(HSI 11\)](#)
 - [POVERTY LEVEL FOR CHILDREN DEMOGRAPHICS DATA \(HSI 12\)](#)
- [NEW STATE PERFORMANCE AND OUTCOME MEASURES FOR NEW NEEDS ASSESSMENT PERIOD](#)

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| APPLICATION FOR FEDERAL ASSISTANCE | | 2. DATE SUBMITTED 7/15/2005 | APPLICANT IDENTIFIER |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED BY STATE 7/15/2005 | STATE APPLICATION IDENTIFIER |
| Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | 4. DATE RECEIVED BY FEDERAL AGENCY 7/15/2005 | FEDERAL IDENTIFIER |
| 5. APPLICANT INFORMATION | | | |
| Legal Name: Republic of Palau | | Organizational Unit: Ministry of Health, Bureau of Public Health | |
| Address (give city, county, state and zip code) P.O. Box 6027 Koror, PW 96940 County: Republic of Palau | | Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Victor Yano, M.D., Minister of Health Tel Number: (680) 488-2552 | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">9</div><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">3</div><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">9</div><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">9</div><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">4</div></div> | | 7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify) | |
| 8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify): | | 9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">9</div><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">3</div><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">9</div><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">9</div><div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">4</div></div> TITLE: Maternal and Child Health Services Block Grant | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Republic of Palau Maternal and Child Health Progra | |
| 12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): Statewide | | | |
| 13. PROPOSED PROJECT: | | 14. CONGRESSIONAL DISTRICTS OF: | |
| Start Date: 10/01/2005 | Ending Date: 09/30/2006 | a. Applicant | b. Project |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | |
| a. Federal | \$ <u>167,999.00</u> | a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/18/2005 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| b. Applicant | \$ <u>4,618.00</u> | | |
| c. State | \$ <u>133,565.00</u> | | |
| d. Local | \$ <u>0.00</u> | | |
| e. Other | \$ <u>85,517.00</u> | | |
| f. Program Income | \$ <u>0.00</u> | | |
| g. TOTAL | \$ <u>391,699.00</u> | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | |
| a. Typed Name of Authorized Representative Tommy E. Remengesau Jr. | | b. Title President, Republic of Palau | c. Telephone Number (680) 488-2403 |
| d. Signature of Authorized Representative | | e. Date Signed | |

FORM 2
MCH BUDGET DETAILS FOR FY 2006

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: PW

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 167,999

A.Preventive and primary care for children:

\$ 50,400 (30 %)

B.Children with special health care needs:

\$ 51,300 (30.54 %)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 16,500 (9.82 %)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 4,618

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 133,565

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 85,517

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 0

\$ 219,082

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 391,699

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 100,000

b. SSDI: \$ 93,000

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

Family Planning \$ 102,962

\$

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 295,962

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 687,661

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: StateMCHFunds
Row Name: State MCH Funds
Column Name:
Year: 2006
Field Note:
//2004// - Palau is not required to match is Title V funding.

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: PW

| | FY 2004 | | FY 2005 | | FY 2006 | |
|----------------------------------------------------------|------------|------------|------------|----------|------------|----------|
| | BUDGETED | EXPENDED | BUDGETED | EXPENDED | BUDGETED | EXPENDED |
| 1. Federal Allocation <i>(Line1, Form 2)</i> | \$ 160,847 | \$ 155,129 | \$ 162,320 | \$ 0 | \$ 167,999 | \$ 0 |
| 2. Unobligated Balance <i>(Line2, Form 2)</i> | \$ 5,400 | \$ 4,618 | \$ 2,081 | \$ 0 | \$ 4,618 | \$ 0 |
| 3. State Funds <i>(Line3, Form 2)</i> | \$ 0 | \$ 51,250 | \$ 199,510 | \$ 0 | \$ 133,565 | \$ 0 |
| 4. Local MCH Funds <i>(Line4, Form 2)</i> | \$ 178,315 | \$ 133,565 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| 5. Other Funds <i>(Line5, Form 2)</i> | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 85,517 | \$ 0 |
| 6. Program Income <i>(Line6, Form 2)</i> | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| 7. Subtotal <i>(Line8, Form 2)</i> | \$ 344,562 | \$ 344,562 | \$ 363,911 | \$ 0 | \$ 391,699 | \$ 0 |
| (THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP) | | | | | | |
| 8. Other Federal Funds <i>(Line10, Form 2)</i> | \$ 198,000 | \$ 295,962 | \$ 298,000 | \$ 0 | \$ 295,962 | \$ 0 |
| 9. Total <i>(Line11, Form 2)</i> | \$ 542,562 | \$ 640,524 | \$ 661,911 | \$ 0 | \$ 687,661 | \$ 0 |
| (STATE MCH BUDGET TOTAL) | | | | | | |

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: PW

| | FY 2001 | | FY 2002 | | FY 2003 | |
|----------------------------------------------------------|--------------|--------------|--------------|------------|------------|------------|
| | BUDGETED | EXPENDED | BUDGETED | EXPENDED | BUDGETED | EXPENDED |
| 1. Federal Allocation <i>(Line1, Form 2)</i> | \$ 183,595 | \$ 183,595 | \$ 183,595 | \$ 160,847 | \$ 183,595 | \$ 181,514 |
| 2. Unobligated Balance <i>(Line2, Form 2)</i> | \$ 0 | \$ 0 | \$ 0 | \$ 5,400 | \$ 0 | \$ 2,081 |
| 3. State Funds <i>(Line3, Form 2)</i> | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| 4. Local MCH Funds <i>(Line4, Form 2)</i> | \$ 178,315 | \$ 178,315 | \$ 178,315 | \$ 178,315 | \$ 178,315 | \$ 178,315 |
| 5. Other Funds <i>(Line5, Form 2)</i> | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| 6. Program Income <i>(Line6, Form 2)</i> | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| 7. Subtotal <i>(Line8, Form 2)</i> | \$ 361,910 | \$ 361,910 | \$ 361,910 | \$ 344,562 | \$ 361,910 | \$ 361,910 |
| (THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP) | | | | | | |
| 8. Other Federal Funds <i>(Line10, Form 2)</i> | \$ 680,843 | \$ 680,843 | \$ 737,843 | \$ 100,000 | \$ 174,000 | \$ 174,000 |
| 9. Total <i>(Line11, Form 2)</i> | \$ 1,042,753 | \$ 1,042,753 | \$ 1,099,753 | \$ 444,562 | \$ 535,910 | \$ 535,910 |
| (STATE MCH BUDGET TOTAL) | | | | | | |

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2003
Field Note:
This unobligated amount will appear in our 2003 FSR as per information from our National Treasury.
2. **Section Number:** Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2004
Field Note:
//2004// - This is the amount reported by our Finance Department at the time of the writing.
3. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2004
Field Note:
//2004// - This amount is being moved from "Local Funds" to "State Funds". This amount is what our National contributes to support services under Title V.
4. **Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2004
Field Note:
//2004// - We may need clarification on this budget line item; the difference between local and state match. For this reporting I have moved these expenditures to "State Funds" rather than local.
5. **Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2004
Field Note:
//2004// - These are funds we receive for expansion of our Title V activities. These funding sources are Family Planning, Early Childhood Comprehensive Systems and SSDI

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: PW

| | FY 2004 | | FY 2005 | | FY 2006 | |
|-----------------------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| I. Federal-State MCH Block Grant Partnership | BUDGETED | EXPENDED | BUDGETED | EXPENDED | BUDGETED | EXPENDED |
| a. Pregnant Women | \$ 78,946 | \$ 78,946 | \$ 79,380 | \$ 0 | \$ 87,318 | \$ 0 |
| b. Infants < 1 year old | \$ 60,063 | \$ 60,063 | \$ 61,827 | \$ 0 | \$ 68,100 | \$ 0 |
| c. Children 1 to 22 years old | \$ 90,018 | \$ 90,018 | \$ 90,434 | \$ 0 | \$ 99,478 | \$ 0 |
| d. Children with Special Healthcare Needs | \$ 63,497 | \$ 63,497 | \$ 63,913 | \$ 0 | \$ 70,304 | \$ 0 |
| e. Others | \$ 34,274 | \$ 34,274 | \$ 42,690 | \$ 0 | \$ 46,959 | \$ 0 |
| f. Administration | \$ 17,764 | \$ 17,764 | \$ 25,667 | \$ 0 | \$ 19,540 | \$ 0 |
| g. SUBTOTAL | \$ 344,562 | \$ 344,562 | \$ 363,911 | \$ 0 | \$ 391,699 | \$ 0 |
| | | | | | | |

| II. Other Federal Funds (under the control of the person responsible for administration of the Title V program). | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------|-------------------|--|-------------------|--|-------------------|--|
| a. SPRANS | \$ 0 | | \$ 0 | | \$ 100,000 | |
| b. SSDI | \$ 100,000 | | \$ 100,000 | | \$ 93,000 | |
| c. CISS | \$ 0 | | \$ 0 | | \$ 0 | |
| d. Abstinence Education | \$ 0 | | \$ 0 | | \$ 0 | |
| e. Healthy Start | \$ 0 | | \$ 0 | | \$ 0 | |
| f. EMSC | \$ 0 | | \$ 0 | | \$ 0 | |
| g. WIC | \$ 0 | | \$ 0 | | \$ 0 | |
| h. AIDS | \$ 0 | | \$ 0 | | \$ 0 | |
| i. CDC | \$ 0 | | \$ 0 | | \$ 0 | |
| j. Education | \$ 0 | | \$ 0 | | \$ 0 | |
| k. Other | | | | | | |
| Family Planning | \$ 0 | | \$ 98,000 | | \$ 102,962 | |
| ECCS | \$ 0 | | \$ 100,000 | | \$ 0 | |
| Title X (Fam Plan) | \$ 98,000 | | \$ 0 | | \$ 0 | |
| III. SUBTOTAL | \$ 198,000 | | \$ 298,000 | | \$ 295,962 | |

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: PW

| | FY 2001 | | FY 2002 | | FY 2003 | |
|-------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|------------|
| | BUDGETED | EXPENDED | BUDGETED | EXPENDED | BUDGETED | EXPENDED |
| I. Federal-State MCH Block Grant Partnership | | | | | | |
| a. Pregnant Women | \$ 78,946 | \$ 78,946 | \$ 78,946 | \$ 78,946 | \$ 78,946 | \$ 78,946 |
| b. Infants < 1 year old | \$ 61,411 | \$ 61,411 | \$ 61,411 | \$ 61,411 | \$ 61,411 | \$ 61,411 |
| c. Children 1 to 22 years old | \$ 90,018 | \$ 90,018 | \$ 90,018 | \$ 90,018 | \$ 90,018 | \$ 90,018 |
| d. Children with Special Healthcare Needs | \$ 63,497 | \$ 63,497 | \$ 63,497 | \$ 63,497 | \$ 63,497 | \$ 63,497 |
| e. Others | \$ 42,274 | \$ 42,274 | \$ 42,274 | \$ 42,274 | \$ 42,274 | \$ 42,274 |
| f. Administration | \$ 25,764 | \$ 25,764 | \$ 25,764 | \$ 25,764 | \$ 25,764 | \$ 25,764 |
| g. SUBTOTAL | \$ 361,910 | \$ 361,910 | \$ 361,910 | \$ 361,910 | \$ 361,910 | \$ 361,910 |
| | | | | | | |
| II. Other Federal Funds (under the control of the person responsible for administration of the Title V program). | | | | | | |
| a. SPRANS | \$ 0 | | \$ 0 | | \$ 0 | |
| b. SSDI | \$ 100,000 | | \$ 100,000 | | \$ 100,000 | |
| c. CISS | \$ 0 | | \$ 0 | | \$ 0 | |
| d. Abstinence Education | \$ 0 | | \$ 0 | | \$ 0 | |
| e. Healthy Start | \$ 0 | | \$ 0 | | \$ 0 | |
| f. EMSC | \$ 0 | | \$ 0 | | \$ 0 | |
| g. WIC | \$ 0 | | \$ 0 | | \$ 0 | |
| h. AIDS | \$ 144,716 | | \$ 144,716 | | \$ 0 | |
| i. CDC | \$ 244,445 | | \$ 244,445 | | \$ 0 | |
| j. Education | \$ 0 | | \$ 0 | | \$ 0 | |
| k. Other | | | | | | |
| Dental Health | \$ 0 | | \$ 0 | | \$ 7,000 | |
| Family Planning | \$ 0 | | \$ 0 | | \$ 67,000 | |
| CHC | \$ 143,701 | | \$ 143,701 | | \$ 0 | |
| Dental-CDC Grant | \$ 0 | | \$ 7,000 | | \$ 0 | |
| Family Planning Prog. | \$ 0 | | \$ 47,981 | | \$ 0 | |
| Ryan White | \$ 0 | | \$ 50,000 | | \$ 0 | |
| Title X FP funds | \$ 47,981 | | \$ 0 | | \$ 0 | |
| III. SUBTOTAL | \$ 680,843 | | \$ 737,843 | | \$ 174,000 | |

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

None

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: PW

| TYPE OF SERVICE | FY 2004 | | FY 2005 | | FY 2006 | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|----------|------------|----------|
| | BUDGETED | EXPENDED | BUDGETED | EXPENDED | BUDGETED | EXPENDED |
| I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.) | \$ 95,028 | \$ 95,028 | \$ 99,781 | \$ 0 | \$ 78,339 | \$ 0 |
| II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.) | \$ 91,479 | \$ 91,479 | \$ 96,232 | \$ 0 | \$ 97,925 | \$ 0 |
| III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.) | \$ 85,170 | \$ 85,170 | \$ 89,923 | \$ 0 | \$ 97,925 | \$ 0 |
| IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.) | \$ 72,885 | \$ 72,885 | \$ 77,975 | \$ 0 | \$ 117,510 | \$ 0 |
| V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.) | \$ 344,562 | \$ 344,562 | \$ 363,911 | \$ 0 | \$ 391,699 | \$ 0 |

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: PW

| TYPE OF SERVICE | FY 2001 | | FY 2002 | | FY 2003 | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|------------|
| | BUDGETED | EXPENDED | BUDGETED | EXPENDED | BUDGETED | EXPENDED |
| I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.) | \$ 99,365 | \$ 99,365 | \$ 99,365 | \$ 99,365 | \$ 99,365 | \$ 99,365 |
| II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.) | \$ 95,816 | \$ 95,816 | \$ 95,816 | \$ 95,816 | \$ 95,816 | \$ 95,816 |
| III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.) | \$ 89,507 | \$ 89,507 | \$ 89,507 | \$ 89,507 | \$ 89,507 | \$ 89,507 |
| IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.) | \$ 77,222 | \$ 77,222 | \$ 77,222 | \$ 77,222 | \$ 77,222 | \$ 77,222 |
| V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.) | \$ 361,910 | \$ 361,910 | \$ 361,910 | \$ 361,910 | \$ 361,910 | \$ 361,910 |

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

None

| | | | | | | |
|-------------------------------------------------------------------------------------|---------------------------------------|---|-----------------------------------------|-----------------------------|--------------------------------------------------|-----|
| FORM 6 | | | | | | |
| NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED | | | | | | |
| Sect. 506(a)(2)(B)(iii) | | | | | | |
| STATE: PW | | | | | | |
| | | | | | | |
| Total Births by Occurrence: 269 | | | | Reporting Year: 2004 | | |
| | | | | | | |
| Type of Screening Tests | (A) Receiving at least one Screen (1) | | (B) No. of Presumptive Positive Screens | (C) No. Confirmed Cases (2) | (D) Needing Treatment that Received Treatment(3) | |
| | No. | % | | | No. | % |
| Phenylketonuria | 0 | 0 | 0 | 0 | 0 | |
| Congenital Hypothyroidism | 0 | 0 | 0 | 0 | 0 | |
| Galactosemia | 0 | 0 | 0 | 0 | 0 | |
| Sickle Cell Disease | 0 | 0 | 0 | 0 | 0 | |
| Other Screening (Specify) | | | | | | |
| Screening Programs for Older Children & Women (Specify Tests by name) | | | | | | |
| Anemia Screening for | 230 | | 4 | 4 | 4 | 100 |
| (1) Use occurrent births as denominator. | | | | | | |
| (2) Report only those from resident births. | | | | | | |
| (3) Use number of confirmed cases as denominator. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

FORM NOTES FOR FORM 6

//2004// - We do not perform these screenings in Palau. In 2006 we will begin screening

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: BirthOccurence
Row Name: Total Births By Occurence
Column Name: Total Births By Occurence
Year: 2006
Field Note:
//2004// - At this stage, Palau does not have as part of newborn services, genetic screening. In fiscal year 2006, we will begin these services with a newborn screening program in the Philippines. We will collect specimen and send them to Philippines for analysis. This is the most cost effective way we can implement in our program at this stage.
2. **Section Number:** Main
Field Name: Phenylketonuria_OneScreenNo
Row Name: Phenylketonuria
Column Name: Receiving at least one screen
Year: 2006
Field Note:
//2004// - none screened
3. **Section Number:** Main
Field Name: Congenital_OneScreenNo
Row Name: Congenital
Column Name: Receiving at least one screen
Year: 2006
Field Note:
//2004// - none screened
4. **Section Number:** Main
Field Name: Galactosemia_OneScreenNo
Row Name: Galactosemia
Column Name: Receiving at least one screen
Year: 2006
Field Note:
//2004// none screened
5. **Section Number:** Main
Field Name: SickleCellDisease_OneScreenNo
Row Name: SickleCellDisease
Column Name: Receiving at least one screen
Year: 2006
Field Note:
//2004// none screened
6. **Section Number:** Main
Field Name: Phenylketonuria_Presumptive
Row Name: Phenylketonuria
Column Name: Presumptive positive screens
Year: 2006
Field Note:
//2004// - none were screened
7. **Section Number:** Main
Field Name: Congenital_Presumptive
Row Name: Congenital
Column Name: Presumptive positive screens
Year: 2006
Field Note:
//2004// - none screened
8. **Section Number:** Main
Field Name: Galactosemia_Presumptive
Row Name: Galactosemia
Column Name: Presumptive positive screens
Year: 2006
Field Note:
//2004// none were screened
9. **Section Number:** Main
Field Name: SickleCellDisease_Presumptive
Row Name: SickleCellDisease
Column Name: Presumptive positive screens
Year: 2006
Field Note:
//2004// - none were screened
10. **Section Number:** Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2006
Field Note:
//2004// none were screened
11. **Section Number:** Main
Field Name: Congenital_Confirmed
Row Name: Congenital
Column Name: Confirmed Cases
Year: 2006
Field Note:
//2004// none were screened
12. **Section Number:** Main

Field Name: Galactosemia_Confirmed

Row Name: Galactosemia

Column Name: Confirmed Cases

Year: 2006

Field Note:

//2004// none were screened

13. **Section Number:** Main

Field Name: SickleCellDisease_Confirmed

Row Name: SickleCellDisease

Column Name: Confirmed Cases

Year: 2006

Field Note:

//2004// none were screened

14. **Section Number:** Main

Field Name: Phenylketonuria_TreatmentNo

Row Name: Phenylketonuria

Column Name: Needing treatment that received treatment

Year: 2006

Field Note:

//2004// none were screened

15. **Section Number:** Main

Field Name: Congenital_TreatmentNo

Row Name: Congenital

Column Name: Needing treatment that received treatment

Year: 2006

Field Note:

//2004// none were screened

16. **Section Number:** Main

Field Name: Galactosemia_TreatmentNo

Row Name: Galactosemia

Column Name: Needing treatment that received treatment

Year: 2006

Field Note:

//2004// none were screened

17. **Section Number:** Main

Field Name: SickleCellDisease_TreatmentNo

Row Name: SickleCellDisease

Column Name: Needing treatment that received treatment

Year: 2006

Field Note:

//2004// none were screened

18. **Section Number:** Screening Programs for Older Children and Women

Field Name: OtherWomen

Row Name: All Rows

Column Name: All Columns

Year: 2006

Field Note:

//2004// - this is the only screening we have been doing for years. We plan to begin genetic screening of neonates in fiscal year 2006.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: PW

Reporting Year: 2004

| | TITLE V | | PRIMARY SOURCES OF COVERAGE | | | |
|----------------------------------------|---------------------|--------------------|-----------------------------|------------------------|---------------|------------------|
| Types of Individuals Served | (A) Total Served | (B) Title XIX % | (C) Title XXI % | (D) Private/Other % | (E) None % | (F) Unknown % |
| Pregnant Women | 269 | 0.0 | 0.0 | 30.0 | 70.0 | 0.0 |
| Infants < 1 year old | 259 | 0.0 | 0.0 | 30.0 | 70.0 | 0.0 |
| Children 1 to 22 years old | 7,026 | 0.0 | 0.0 | 30.0 | 70.0 | 0.0 |
| Children with Special Healthcare Needs | 301 | 0.0 | 0.0 | 30.0 | 70.0 | 0.0 |
| Others | 3,372 | 0.0 | 0.0 | 30.0 | 70.0 | 0.0 |
| TOTAL | 11,227 | | | | | |

FORM NOTES FOR FORM 7

//2004// - This figure which is 57% of our population includes those women who are outside of the Reproductive age groups, however, since we are the only program in Palau that provides comprehensive women's health services, we also count this population in our population data.

In the 2003 Community Assessment, the percentage of people of Palau who has medical insurance coverage continues to be around 30%. This figure has been applied to all age group in this report.

FIELD LEVEL NOTES

None

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: PW

Reporting Year: 2004

I. UNDUPLICATED COUNT BY RACE

| | (A) Total All Races | (B) White | (C) Black or African American | (D) American Indian or Native Alaskan | (E) Asian | (F) Native Hawaiian or Other Pacific Islander | (G) More than one race reported | (H) Other and Unknown |
|---------------------------|---------------------------|--------------|-------------------------------------|---------------------------------------------|--------------|-----------------------------------------------------|---------------------------------------|-----------------------------|
| DELIVERIES | | | | | | | | |
| Total Deliveries in State | 269 | 0 | 0 | 1 | 23 | 245 | 0 | 0 |
| Title V Served | 269 | 0 | 0 | 1 | 23 | 245 | 0 | 0 |
| Eligible for Title XIX | 269 | 0 | 0 | 1 | 23 | 245 | 0 | 0 |
| INFANTS | | | | | | | | |
| Total Infants in State | 259 | 0 | 0 | 0 | 23 | 236 | 0 | 0 |
| Title V Served | 259 | 0 | 0 | 0 | 23 | 236 | 0 | 0 |
| Eligible for Title XIX | 259 | 0 | 0 | 0 | 23 | 236 | 0 | 0 |

II. UNDUPLICATED COUNT BY ETHNICITY

| HISPANIC OR LATINO (Sub-categories by country or area of origin) | | | | | | | | |
|-------------------------------------------------------------------------|----------------------------------------|------------------------------------|----------------------------------|------------------|----------------|-----------------------|----------------------------------------|-------------------------------|
| | (A) Total NOT Hispanic or Latino | (B) Total Hispanic or Latino | (C) Ethnicity Not Reported | (B.1) Mexican | (B.2) Cuban | (B.3) Puerto Rican | (B.4) Central and South American | (B.5) Other and Unknown |
| DELIVERIES | | | | | | | | |
| Total Deliveries in State | 269 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Title V Served | 269 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Eligible for Title XIX | 269 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| INFANTS | | | | | | | | |
| Total Infants in State | 259 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Title V Served | 259 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Eligible for Title XIX | 259 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

None

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: PW

| | FY 2006 | FY 2005 | FY 2004 | FY 2003 | FY 2002 |
|------------------------------------------------------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| 1. State MCH Toll-Free "Hotline" Telephone Number | (680) 488-1756 | (680) 488-1756 | (680) 488-1756 | (680) 488-1756 | (680) 488-1756 |
| 2. State MCH Toll-Free "Hotline" Name | MCH/FP Hotline | MCH/FP hotline | MCH/FP hotline | MCH/FP hotline | MCH/FP hotline |
| 3. Name of Contact Person for State MCH "Hotline" | Joaquina Ulengchong | Joaquina Ulengchong | Joaquina Ulengchong | Joaquina Ulengchong | Joaquina Ulengchong |
| 4. Contact Person's Telephone Number | (680) 488-2420 | (680) 488-2420 | (680) 488-2420 | (680) 488-2420 | (680) 488-2420 |
| 5. Number of calls received on the State MCH "Hotline" this reporting period | 0 | | 432 | 9,980 | 9,980 |

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: PW

| | FY 2006 | FY 2005 | FY 2004 | FY 2003 | FY 2002 |
|------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|
| 1. State MCH Toll-Free "Hotline" Telephone Number | | | | | |
| 2. State MCH Toll-Free "Hotline" Name | | | | | |
| 3. Name of Contact Person for State MCH "Hotline" | | | | | |
| 4. Contact Person's Telephone Number | | | | | |
| 5. Number of calls received on the State MCH "Hotline" this reporting period | 0 | 0 | 0 | 0 | 0 |

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Main

Field Name: hname_2

Row Name: State MCH toll-free hotline name

Column Name: FY

Year: 2004

Field Note:

We continue to not have the ability to count actual hotline calls. The hotline service that was supposed to be implemented by Milad'I Dil has not materialized and we continue to work with them to iron out problems so it can begin. There is now a discussion between Milad'I Dil and the Ministry of Justice's Emergency Hotline Service (911) to work with them to share facilities and equipment.

2. **Section Number:** Main

Field Name: calls_2

Row Name: Number of calls received On the State MCH Hotline This reporting period

Column Name: FY

Year: 2004

Field Note:

//2004//The number of calls reported for 2004 are based on average number of calls on a monthly basis that are "need related" for Family Health related services. In 2004, along with a women's NGO implemented a national hotline service for Family related issues. In the first 3 months of this service we were getting regular calls, however, by the 6th month, no calls were coming through, although we were doing extensive promotion on the service. Therefore, it was decided by the group that this type of service was not ready for our island. We have gone back to using a clinic-based hotline service, and this system seems to continue to work good.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2006
[SEC. 506(A)(1)]
STATE: PW

1. State MCH Administration:
(max 2500 characters)

Block Grant Funds

| | |
|------------------------------------------------------------|--------------------------|
| 2. Federal Allocation (Line 1, Form 2) | \$ <u>167,999</u> |
| 3. Unobligated balance (Line 2, Form 2) | \$ <u>4,618</u> |
| 4. State Funds (Line 3, Form 2) | \$ <u>133,565</u> |
| 5. Local MCH Funds (Line 4, Form 2) | \$ <u>0</u> |
| 6. Other Funds (Line 5, Form 2) | \$ <u>85,517</u> |
| 7. Program Income (Line 6, Form 2) | \$ <u>0</u> |
| 8. Total Federal-State Partnership (Line 8, Form 2) | \$ <u>391,699</u> |

9. Most significant providers receiving MCH funds:

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

10. Individuals served by the Title V Program (Col. A, Form 7)

| | |
|-------------------------------|--------------|
| a. Pregnant Women | <u>269</u> |
| b. Infants < 1 year old | <u>259</u> |
| c. Children 1 to 22 years old | <u>7,026</u> |
| d. CSHCN | <u>301</u> |
| e. Others | <u>3,372</u> |

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

b. Population-Based Services:
(max 2500 characters)

c. Infrastructure Building Services:
(max 2500 characters)

12. The primary Title V Program contact person:

| | |
|---------|-------|
| Name | _____ |
| Title | _____ |
| Address | _____ |
| City | _____ |
| State | _____ |
| Zip | _____ |
| Phone | _____ |
| Fax | _____ |
| Email | _____ |
| Web | _____ |

13. The children with special health care needs (CSHCN) contact person:

| | |
|---------|-------|
| Name | _____ |
| Title | _____ |
| Address | _____ |
| City | _____ |
| State | _____ |
| Zip | _____ |
| Phone | _____ |
| Fax | _____ |
| Email | _____ |
| Web | _____ |

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: PW

PERFORMANCE MEASURE # 01

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|-------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 100 | 100 | 100 | 100 | 100 |
| Annual Indicator | | | 0 | 100.0 | 88.8 |
| Numerator | | | | 312 | 230 |
| Denominator | | | | 312 | 259 |
| Is the Data Provisional or Final? | | | | Final | Final |

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 90 | 92 | 95 | 97 | 99 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|-------------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 0 | 0 | 0 | 50 | 55 |
| Annual Indicator | 0 | 0 | 0 | 50 | 72.8 |
| Numerator | | | | | 219 |
| Denominator | | | | | 301 |
| Is the Data Provisional or Final? | | | | Provisional | Final |

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 73 | 75 | 78 | 81 | 84 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|-------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 0 | 0 | 0 | 50 | 55 |
| Annual Indicator | 0 | 0 | 0 | 0 | 30.9 |
| Numerator | | | | | 93 |
| Denominator | | | | | 301 |
| Is the Data Provisional or Final? | | | | Final | Final |

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 33 | 35 | 37 | 40 | 50 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|-------------|-------------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 0 | 0 | 0 | 100 | 100 |
| Annual Indicator | 0 | 0 | 0 | 0 | 13.0 |
| Numerator | | | | | 39 |
| Denominator | | | | | 301 |
| Is the Data Provisional or Final? | | | | Provisional | Provisional |

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 15 | 17 | 20 | 23 | 25 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|-------------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 0 | 0 | 0 | 50 | 55 |
| Annual Indicator | 0 | 0 | 0 | 0 | 34.9 |
| Numerator | | | | | 105 |
| Denominator | | | | | 301 |
| Is the Data Provisional or Final? | | | | Provisional | Final |

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 36 | 38 | 40 | 42 | 45 |
| Annual Indicator | | | | | |
| Numerator | Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data. | | | | |
| Denominator | | | | | |

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|-------------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | | | | | |
| Annual Indicator | | | 0 | 0 | 29.9 |
| Numerator | | | | | 90 |
| Denominator | | | | | 301 |
| Is the Data Provisional or Final? | | | | Provisional | Final |

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 32 | 34 | 36 | 38 | 40 |
| Annual Indicator | | | | | |
| Numerator | Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data. | | | | |
| Denominator | | | | | |

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|-------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 99 | 99 | 99 | 99 | 99 |
| Annual Indicator | 96.1 | 97.0 | 98.2 | 98.7 | 95.9 |
| Numerator | 298 | 321 | 334 | 308 | 462 |
| Denominator | 310 | 331 | 340 | 312 | 482 |
| Is the Data Provisional or Final? | | | | Final | Final |

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 99 | 100 | 100 | 100 | 100 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|-------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 15 | 13.5 | 12.5 | 17 | 15 |
| Annual Indicator | 9.3 | 20.0 | 23.9 | 11.8 | 9.5 |
| Numerator | 5 | 6 | 11 | 5 | 4 |
| Denominator | 538 | 300 | 461 | 422 | 422 |
| Is the Data Provisional or Final? | | | | Final | Final |

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 13 | 11 | 10 | 9 | 8 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|-------|-------------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 99 | 99 | 99 | 99 | 99 |
| Annual Indicator | 81.1 | 82.4 | 78.2 | 81 | 81 |
| Numerator | | 42 | 280 | | |
| Denominator | | 51 | 358 | | |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 83 | 85 | 87 | 90 | 93 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|-------|-------|-------|-------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 0 | 0 | 0 | 0 | 0 |
| Annual Indicator | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Numerator | 0 | 0 | 0 | 0 | 0 |
| Denominator | 3,912 | 3,912 | 3,912 | 3,912 | 3,912 |
| Is the Data Provisional or Final? | | | | Final | Final |

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 0 | 0 | 0 | 0 | 0 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

| | <u>Annual Objective and Performance Data</u> | | | | |
|-----------------------------------|----------------------------------------------|-------|-------|-------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 100 | 100 | 100 | 100 | 100 |
| Annual Indicator | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Numerator | 278 | 300 | 259 | 312 | 259 |
| Denominator | 278 | 300 | 259 | 312 | 259 |
| Is the Data Provisional or Final? | | | | Final | Final |

| | <u>Annual Objective and Performance Data</u> | | | | |
|------------------------------|----------------------------------------------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 100 | 100 | 100 | 100 | 100 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

| | <u>Annual Objective and Performance Data</u> | | | | |
|-----------------------------------|----------------------------------------------|------|------|-------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 0 | 0 | 0 | 0 | 0 |
| Annual Indicator | 0.0 | 0 | 0 | 0.0 | 0.0 |
| Numerator | 0 | | | 0 | 0 |
| Denominator | 278 | | | 312 | 259 |
| Is the Data Provisional or Final? | | | | Final | Final |

| | <u>Annual Objective and Performance Data</u> | | | | |
|------------------------------|----------------------------------------------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 0 | 98 | 99 | 100 | 100 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

| Annual Objective and Performance Data | | | | | |
|---------------------------------------|------|------|------|-------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 0 | 0 | 0 | 0 | 0 |
| Annual Indicator | 0 | 0 | 0 | 0 | 0 |
| Numerator | | | | | |
| Denominator | | | | | |
| Is the Data Provisional or Final? | | | | Final | Final |

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 0 | 0 | 0 | 0 | 0 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 14

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

| Annual Objective and Performance Data | | | | | |
|---------------------------------------|------|------|------|-------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 0 | 0 | 0 | 0 | 0 |
| Annual Indicator | 0 | 0 | 0 | 0 | 0 |
| Numerator | | | | | |
| Denominator | | | | | |
| Is the Data Provisional or Final? | | | | Final | Final |

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 0 | 0 | 0 | 0 | 0 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------------|------------|------------|------------|-------------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> |
| Annual Indicator | <u>0.7</u> | <u>1.3</u> | <u>0.0</u> | <u>0.6</u> | <u>3.1</u> |
| Numerator | <u>2</u> | <u>4</u> | <u>0</u> | <u>2</u> | <u>8</u> |
| Denominator | <u>278</u> | <u>300</u> | <u>259</u> | <u>312</u> | <u>259</u> |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|----------|----------|----------|----------|----------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> | <u>1</u> |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|--------------|--------------|--------------|--------------|--------------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | <u>50</u> | <u>50</u> | <u>50</u> | <u>0</u> | <u>0</u> |
| Annual Indicator | <u>64.5</u> | <u>64.5</u> | <u>64.5</u> | <u>0.0</u> | <u>0.0</u> |
| Numerator | <u>1</u> | <u>1</u> | <u>1</u> | <u>0</u> | <u>0</u> |
| Denominator | <u>1,550</u> | <u>1,550</u> | <u>1,550</u> | <u>1,550</u> | <u>1,177</u> |
| Is the Data Provisional or Final? | | | | Final | Final |

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|----------|----------|----------|----------|----------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|-------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 0 | 0 | 0 | 0 | 0 |
| Annual Indicator | 0 | 0 | 0 | 0 | 0 |
| Numerator | | | | | |
| Denominator | | | | | |
| Is the Data Provisional or Final? | | | | Final | Final |

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 0 | 0 | 0 | 0 | 0 |
| Annual Indicator | | | | | |
| Numerator | Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data. | | | | |
| Denominator | | | | | |

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|-------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 40 | 45 | 45 | 44.3 | 51.3 |
| Annual Indicator | 30.6 | 28.7 | 36.3 | 29.8 | 30.1 |
| Numerator | 85 | 86 | 94 | 93 | 78 |
| Denominator | 278 | 300 | 259 | 312 | 259 |
| Is the Data Provisional or Final? | | | | Final | Final |

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 37 | 45 | 52 | 59 | 66 |
| Annual Indicator | | | | | |
| Numerator | Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data. | | | | |
| Denominator | | | | | |

STATE PERFORMANCE MEASURE # 1

The percentage of mothers who exclusively breastfeed their babies up to age 3 months.

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|-------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 35 | 35% | 40% | 67.7 | 72.9 |
| Annual Indicator | 54.3 | 59.3 | 69.1 | 57.4 | 46.3 |
| Numerator | 150 | 178 | 179 | 179 | 120 |
| Denominator | 276 | 300 | 259 | 312 | 259 |
| Is the Data Provisional or Final? | | | | Final | Final |

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 78.1 | 83.3 | 90 | 95 | |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 2

The proportion of children ages 13-14 who receives Annual Physical Examination which includes age appropriate screening, assessment, and counseling.

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|-------|-------|-------------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 40% | 50% | 60% | 100 | 100 |
| Annual Indicator | 0 | 47.5 | 100.0 | 5.4 | 0.0 |
| Numerator | | 47 | 342 | 35 | 0 |
| Denominator | | 99 | 342 | 651 | 651 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 100 | 100 | 100 | 100 | 100 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 3

Develop support systems for parents and families that address their needs for parenting skills, discipline, and other lifecycle issues.

| | <u>Annual Objective and Performance Data</u> | | | | |
|-----------------------------------|----------------------------------------------|------|------|-------------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 8 | 8 | 8 | 9 | 10 |
| Annual Indicator | 8 | 8 | 8 | 8 | 8 |
| Numerator | | | | | |
| Denominator | | | | | |
| Is the Data Provisional or Final? | | | | Provisional | Final |

| | <u>Annual Objective and Performance Data</u> | | | | |
|------------------------------|----------------------------------------------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 10 | 10 | 10 | 10 | 10 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 4

The prevalence rate of children and youth who uses tobacco products.

| | <u>Annual Objective and Performance Data</u> | | | | |
|-----------------------------------|----------------------------------------------|------|------|-------|-------------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 35 | 30% | 25% | 20% | 15% |
| Annual Indicator | 43.3 | 70% | 70 | 21.6 | 21.6 |
| Numerator | | | | 144 | |
| Denominator | | | | 667 | |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| | <u>Annual Objective and Performance Data</u> | | | | |
|------------------------------|----------------------------------------------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | <15% | 13 | 12 | 11 | 10 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 5

The percentage of women age 18 and older who received a pap test within the preceding 1 to 3 years.

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|-------|------|-------|-------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 25% | 30 | 35 | 40 | 45 |
| Annual Indicator | 18.3 | | 27.1 | 17.6 | 12.6 |
| Numerator | 1,102 | | 1,637 | 1,064 | 1,052 |
| Denominator | 6,034 | | 6,034 | 6,034 | 8,381 |
| Is the Data Provisional or Final? | | | | Final | Final |

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 50 | 55 | 60 | 61 | 62 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 6

The rate of birth (per 1,000) for teenagers age 12 through 18 years.

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|-------|-------|-------|-------|-------------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 20 | 20 | 18 | 15 | <15 |
| Annual Indicator | 5.0 | 6.0 | 25.8 | 8.9 | 4.0 |
| Numerator | 5 | 6 | 26 | 9 | 4 |
| Denominator | 1,006 | 1,006 | 1,006 | 1,006 | 1,006 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | <15 | 13 | 10 | 10 | 10 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 7

Anemia screening for infants born with low birth weight.

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|-------------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | >95% | 90% | 95% | >95% | >95% |
| Annual Indicator | 58.8 | 75.0 | 30.8 | 68.2 | 61.9 |
| Numerator | 10 | 9 | 8 | 15 | 13 |
| Denominator | 17 | 12 | 26 | 22 | 21 |
| Is the Data Provisional or Final? | | | | Provisional | Final |

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | >95% | 100 | 100 | 100 | 100 |
| Annual Indicator | | | | | |
| Numerator | Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data. | | | | |
| Denominator | | | | | |

STATE PERFORMANCE MEASURE # 8

The percent of infants and children under the age of 14 years who acquire unintentional injuries requiring a visit to Emergency or Outpatient Departments.

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|-------|-------|-------|-------|-------------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 12.5 | 11.0% | 10.0% | 9.0% | 8.0% |
| Annual Indicator | 0.3 | 19.0 | 0.4 | 11.1 | 2.2 |
| Numerator | 14 | 745 | 16 | 682 | 101 |
| Denominator | 4,841 | 3,912 | 3,912 | 6,146 | 4,662 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 7.0% | 6 | 5 | 5 | 5 |
| Annual Indicator | | | | | |
| Numerator | Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data. | | | | |
| Denominator | | | | | |

STATE PERFORMANCE MEASURE # 9

Percentage of infants who have been screened for hearing impairment by six month old.

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|-------------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 100% | >95% | >95% | >95 | 95% |
| Annual Indicator | 93.5 | 96.7 | 94.2 | 100.0 | 94.7 |
| Numerator | 260 | 290 | 244 | 312 | 270 |
| Denominator | 278 | 300 | 259 | 312 | 285 |
| Is the Data Provisional or Final? | | | | Provisional | Final |

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | >95% | 100 | 100 | 100 | |
| Annual Indicator | | | | | |
| Numerator | Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data. | | | | |
| Denominator | | | | | |

STATE PERFORMANCE MEASURE # 11

To establish a system of intervention for adolescent (ages 12 - 19 yrs.) victims of physical/sexual abuse and child molestation

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|------|------|------|-------------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | | 100 | 100% | 100 | 100 |
| Annual Indicator | | | 0 | 0 | 50 |
| Numerator | | | | | |
| Denominator | | | | | |
| Is the Data Provisional or Final? | | | | Provisional | Final |

| <u>Annual Objective and Performance Data</u> | | | | | |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 100 | 100 | 100 | 100 | 100 |
| Annual Indicator | | | | | |
| Numerator | Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data. | | | | |
| Denominator | | | | | |

FORM NOTES FOR FORM 11

This NPM has not been a requirement of our program in the past. However, in 2006, we will require at least the basic genetic screening, those recommended by the Title V Program. We have begun discussion with a Genetic Screening Program which is operational in a neighboring country. In our discussion, the cost of the screening is such that our MCH program will be able to absorb it.

//2004// - NPM 03 and 04, 05, 06, 10, 12, 13, 14, 16, 17 have not been reported in the past years, prior to 2005. This fiscal year, we completed the SLAITS-like survey and have begun to capture information for these performance measures. However, information will be analyzed every two years and therefore we will report for 2005, 2007 and 2009.

FIELD LEVEL NOTES

1. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2003

Field Note:

Palau screens children for hearing before age of 6 months. In 2003 we screened all 6 months old babies on their 6 months well-baby clinic were screened for hearing impairment. Palau chooses not to perform hearing screening at birth. The reasoning being that 99.9% of children with hearing problem experience this problem due to otitis media and not congenital hearing loss.

All other newborn screening are conducted based on a physician's order.

2. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2004

Field Note:

//2004// - This is the number of children who were screened for Anemia at 15 - 18 months. At this time, we do not have newborn screening program. We intend to begin this program in the 2006 fiscal year.

3. Section Number: Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2002

Field Note:

We are unable to report on this measure this year. We are currently working with MCHB Central Office to finalize our SLAITS-like survey that will be conducted in 2003-2004. Results of this initial survey will be reported in the 5-Year MCH Needs Assessment. We will be in a better position to report on this measure in 2004.

4. Section Number: Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2003

Field Note:

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

5. Section Number: Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2004

Field Note:

The data reported in 2004 are pre-populated with the data from 2003 fCommunity Assessment. For this specific Measure, data are derived from results of the SLAITS-like Survey.

6. Section Number: Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2002

Field Note:

Again, this is a new measure for us. The SLAITS like survey we will implement in fy 2004 will address this measure. At present we have over 480 children in our database who have special health care needs and about half of them are receiving coordinated services between two or more agencies. Our database however, does not contain opinion-based information and therefore, we cannot report on this measure until 2004-2005.

7. Section Number: Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2003

Field Note:

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

8. Section Number: Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2004

Field Note:

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

//2004// - From the SLAITS-like survey 26% of respondents said that a health professional helps them coordinate their child's health and other support services care needs while 20% of the respondents said that they coordinate care for their child themselves.

9. Section Number: Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2002

Field Note:

The Government of Palau subsidizes over 80% of health care costs through a sliding fee scale. Children with special needs, under this arrangement are not charged fees

for all healthcare provided by the Ministry of Health...these include all preventive/primary health care, hospitalization, diagnostic and emergency services. However, if they choose to receive care from private physicians, they have to absorb 100% of the charge. Additionally all tertiary medical services they receive off-island under the Medical Referral program are charged at 50% discount. This practice is same for all medical referral cases.

10. Section Number: Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2003

Field Note:

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

11. Section Number: Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2004

Field Note:

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

//2004// - 13% of households/families of CSHCN had private insurance coverage, however only 30% of these families responded that their insurance coverage, covers medical/healthcare costs of their children with special health care needs.

12. Section Number: Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2002

Field Note:

Please refer to PM#2 for detailed explanation.

13. Section Number: Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2003

Field Note:

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

14. Section Number: Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2004

Field Note:

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

//2004 this is a response rate of respondents who said that coordination of care between health and outside agencies are in place.

15. Section Number: Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2002

Field Note:

Again this is a new measure that we do not currently collect in our interagency database. We will be in a better position to report on this measure in 2004-2005.

16. Section Number: Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2003

Field Note:

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

17. Section Number: Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2004

Field Note:

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

//2004// - This is a response rate of those who said that their children receive special education services where transition services are component of their services.

18. Section Number: Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2002

Field Note:

We continue to work with School Health, HIV/AIDS, Health Education and other school-based health program to address the issue of teen pregnancy. Most activities we have been doing in the last several years are public and school talks on the issue. We need to develop other means of communicating with adolescents that can make a difference in this performance measure.

19. Section Number: Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2002

Field Note:

Denominator for this age group (8 and 9 years olds) is the number of children screened.

This is a permanent activity that is collaboratively performed by FHU and Dental Division and the School-based health clinic. Staff from these programs routinely visit school to do dental education and at the same time do sealants for those kids who are found to need it. For those children who require more indepth dental work, an appointment is

made for the child to have the work done in the central dental clinic.

20. **Section Number:** Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2003
Field Note:
This is an objective that is performed by the Division of Oral Health through school visits. This measure is close to 100%, however, the 81% are those children who are encountered and had their worked completed on site. Those who are absent from school or not completed due to a problem at the time of the school visits, are given appointments to come to the central Dental Clinic to have their sealants done.
21. **Section Number:** Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2004
Field Note:
//2004//This figure is an estimate for 2004. Data from dental data analysis have not been completed. These information will be available within the next few months.
22. **Section Number:** Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2002
Field Note:
No MV death to children in this age group in the last several years.
23. **Section Number:** Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2004
Field Note:
//2004// No deaths from this cause occurred in 2004.
24. **Section Number:** Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2002
Field Note:
We have an "exclusive breastfeeding policy" in the BNH Maternity Ward. We are monitoring breastfeeding activity in the first year. At 3months it is 90%, at 6 months it is 69% and at one year it is 68%.
- This is an indicator that we try to increase in the first year as it is looked at as a primary prevention measure for Otitis Media
25. **Section Number:** Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2002
Field Note:
We do not perform newborn hearing screening. This continues to be our ministry's policy, however, FHU perform hearing screening at 6 months.
26. **Section Number:** Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2003
Field Note:
Palau does not perform infant hearing test at hospital discharges, however, this test is done by the age of 6 months. This is because our childhood hearing problem is not due to congenital hearing defects, but mainly due to otitis media and other middle ear diseases.
27. **Section Number:** Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2002
Field Note:
We consider all children to have health insurance as our health system is more than 80% subsidized by the Republic of Palau Government. Tertiary medical care that requires referral to tertiary hospital off-island is charged on a 50/50 cost share. All primary and preventive health services provided by the Bureau of Public Health are free of charge.
28. **Section Number:** Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2003
Field Note:
Republic of Palau has a nationalized health insurance for primary health care. It is based on a sliding fee scale. Public Health Services are provided free of charge to all people.
29. **Section Number:** Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2004
Field Note:
//2004// - Approximately 25-30% of the general population in Palau have private health/medical insurance. However, our nation heavily supplements healthcare. No one can be denied basic health services due to inability to pay. Basic Preventive Health Services which includes all services under Family Health/MCH Program are free of charge. Primary Health Care including emergency and hospital inpatient services are charged on a Sliding Fee Scale basis. However, for Children with special health care needs who have been identified in the interagency collaborative process also receive services, free of charge.
30. **Section Number:** Performance Measure #14
Field Name: PM14

- Row Name:**
Column Name:
Year: 2002
Field Note:
 We do not report on this measure as Palau does not have MEDICAID program.
31. **Section Number:** Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2003
Field Note:
 Palau does not report on this measure. We do not qualify for Medicaid.
32. **Section Number:** Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2004
Field Note:
 //2004// - Medicaid is not available in Palau. Basic preventive and primary health care is generally available to all citizens.
33. **Section Number:** Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2002
Field Note:
 There were not VLBW in 2002.
34. **Section Number:** Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2004
Field Note:
 //2004// - There were no suicide deaths in this age group. The denominator is a population for the age group from the 2003 Community assessment.
35. **Section Number:** Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2002
Field Note:
 We do not report on this measure as we do not have NICU in Palau. Should a service of this nature become needed, hospitals outside of Palau (Philippines and Hawaii) will be tapped. In 2002, there were no VLBW's.
36. **Section Number:** Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2003
Field Note:
 The Belau National Hospital (only hospital in Palau) does not have a Neonatal Intensive Care Unit.
37. **Section Number:** Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2004
Field Note:
 //2004// - NICU is not a service of Belau National Hospital. NICU services are available in hospitals outside of Palau, mainly in the Philippines. Referrals are made to these hospitals should it be deemed necessary for pregnant mothers. However, in the past year, no referrals were made.
38. **Section Number:** State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2002
Field Note:
 The objectives set for future years are based on projection process proposed by Dr. Deborah Rosenberg during the Workshop held for the Jurisdictions in the Partnership Meeting on October 2002

 For details on this measure, please refer to NPM11- breastfeeding at hospital discharge.
39. **Section Number:** State Performance Measure #2
Field Name: SM2
Row Name:
Column Name:
Year: 2002
Field Note:
 Children who are found to be over or under weight are counselled and followed-up by the school health nurse. Follow-up care include working with family members and other professionals in the schools/health departments.
40. **Section Number:** State Performance Measure #2
Field Name: SM2
Row Name:
Column Name:
Year: 2004
Field Note:
 //2004// No child in this age group were provided physical examination. We did a pilot for 9th graders in one of the high schools in Palau last year. This was in preparation for our 2005 school physical examination which will be required from 1st to 12th graders. We have begun this process in the remote villages of Babeldaob and will complete it for all of Palau by December 2005.
41. **Section Number:** State Performance Measure #3
Field Name: SM3

Row Name:
Column Name:
Year: 2002

Field Note:

FHU program is in the process of hiring care coordinators/counselors for adolescents and families to address this measure. This is an important component of our service that will be made available in 2004. We lobbied for and obtained funds from other sources to fund one of the post. Important component of these two posts is a creation of system of services that is coordinated between agencies that FHU will lead in establishing and maintaining

42. Section Number: State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2003

Field Note:

The Family Health Unit which oversees the implementation of the MCH Block Grant has begun development/implementation of systems for this measure. We now have two social workers in the Unit and they have stated a process of screening/intervention of pre and post natal depression. This process began on June 19, 2004. We have developed materials for use in parenting and birthing class which will be part of our prenatal services.

We have also completed our perinatal services standards and policies and procedures which include family intervention component.

43. Section Number: State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2004

Field Note:

//2004// - Birthing and parenting classes were implemented early this year for expecting mothers regardless of their gravida. Along with the class, data are being collected so that we can track birth outcomes of these women as compared to regular prenatal clinic moms who do not want to attend the classes.

44. Section Number: State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2002

Field Note:

At the time of the writing, YRBS data for 2002 have not been analyzed. We rely on this data source for our report.

45. Section Number: State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2003

Field Note:

The figure for 2003 is based on the recently completed YRBS.

46. Section Number: State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2004

Field Note:

//2004// - This is a YRBS data from 2003. Next year for YRBS is 2005.

47. Section Number: State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2002

Field Note:

Denominator for this measure is total female population 18 and over, based on the 2000 Census.

48. Section Number: State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2002

Field Note:

The numerator on this measure include a birth from an 11 year old.

49. Section Number: State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2003

Field Note:

The figure is based on 22 chart assessed.

50. Section Number: State Performance Measure #11

Field Name: SM11

Row Name:

Column Name:

Year: 2002

Field Note:

We are in the process of hiring a staff who will work with FHU administrator to oversee the development/implementation of services for adolescents which will include this as a component of the array of services. This system will include collaborative/coordinated service delivery systems.

51. Section Number: State Performance Measure #11

Field Name: SM11

Row Name:

Column Name:

Year: 2003

Field Note:

We are still unable to report accurately on this measure. However, we are now nearing completion of establishing a collaborative Adolescent Health Program. A Memorandum of Agreement with many agencies including the public/private schools, the Judiciary and Law Enforcement agencies is close to completion. An Adolescent Health Care Coordinator was recently hired to work with FHU Administrator to oversee the development and implementation of the Adolescent Health which will be a

component of the FHU.

52. **Section Number:** State Performance Measure #11

Field Name: SM11

Row Name:

Column Name:

Year: 2004

Field Note:

//2004// - This is an initiative that we have instituted in our recently created Adolescent Health Collaborative. At this time, schools in the republic have been devided into regions and there is a nurse/social worker-counselor/doctor who are members of health team for each school. We have implemented physical examination with psycho-social component for each school. Children with health risk conditions are referred to appropriate health professional with case management by counselors/social worker. This is a new initiative and we forsee a complete picture of health problems of individual child in the republic becoming evident and handled by the health department with families accordingly.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: PW

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

| | <u>Annual Objective and Performance Data</u> | | | | |
|-----------------------------------|----------------------------------------------|------|------|-------------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 8.8 | 7 | 6 | 5 | 8.5 |
| Annual Indicator | 10.8 | 10.0 | 7.7 | 9.6 | 30.9 |
| Numerator | 3 | 3 | 2 | 3 | 8 |
| Denominator | 278 | 300 | 259 | 312 | 259 |
| Is the Data Provisional or Final? | | | | Provisional | Final |

| | <u>Annual Objective and Performance Data</u> | | | | |
|------------------------------|----------------------------------------------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 7.5 | 7 | 6.5 | 6 | 6 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

| | <u>Annual Objective and Performance Data</u> | | | | |
|-----------------------------------|----------------------------------------------|------|------|-------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 0 | 0 | 0 | 0 | 0 |
| Annual Indicator | | | 0 | 0 | 0 |
| Numerator | | | | | |
| Denominator | | | | | |
| Is the Data Provisional or Final? | | | | Final | Final |

| | <u>Annual Objective and Performance Data</u> | | | | |
|------------------------------|----------------------------------------------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 0 | 0 | 0 | 0 | 0 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

| | <u>Annual Objective and Performance Data</u> | | | | |
|-----------------------------------|----------------------------------------------|------|------|-------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 4 | 4 | 4 | 4 | 8.5 |
| Annual Indicator | 7.2 | 10.0 | 7.7 | 9.6 | 30.9 |
| Numerator | 2 | 3 | 2 | 3 | 8 |
| Denominator | 278 | 300 | 259 | 312 | 259 |
| Is the Data Provisional or Final? | | | | Final | Final |

| | <u>Annual Objective and Performance Data</u> | | | | |
|------------------------------|----------------------------------------------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 8 | 7.5 | 7 | 6.5 | 6 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

| | <u>Annual Objective and Performance Data</u> | | | | |
|-----------------------------------|----------------------------------------------|------|------|-------------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | | 3 | 3 | 3 | 3 |
| Annual Indicator | 3.6 | 0.0 | 0.0 | 0.0 | 0.0 |
| Numerator | 1 | 0 | 0 | 0 | 0 |
| Denominator | 278 | 300 | 259 | 312 | 259 |
| Is the Data Provisional or Final? | | | | Provisional | Final |

| | <u>Annual Objective and Performance Data</u> | | | | |
|------------------------------|----------------------------------------------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 3 | 3 | 3 | 3 | 2 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

| | <u>Annual Objective and Performance Data</u> | | | | |
|-----------------------------------|----------------------------------------------|------|------|-------------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 50 | 40 | 30 | 20 | 15 |
| Annual Indicator | 55.0 | 26.7 | 15.3 | 19.2 | 38.6 |
| Numerator | 16 | 8 | 4 | 6 | 10 |
| Denominator | 291 | 300 | 261 | 312 | 259 |
| Is the Data Provisional or Final? | | | | Provisional | Final |

| | <u>Annual Objective and Performance Data</u> | | | | |
|------------------------------|----------------------------------------------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 13 | 11 | 11 | 10 | 10 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

| | <u>Annual Objective and Performance Data</u> | | | | |
|-----------------------------------|----------------------------------------------|-------|-------|-------|-------------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | 70 | 60 | 50 | 60 | 50 |
| Annual Indicator | 68.4 | 25.6 | 76.7 | 119.3 | 214.3 |
| Numerator | 3 | 1 | 3 | 5 | 10 |
| Denominator | 4,384 | 3,912 | 3,912 | 4,190 | 4,667 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| | <u>Annual Objective and Performance Data</u> | | | | |
|------------------------------|----------------------------------------------|------|------|------|------|
| | 2005 | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 50 | 50 | 50 | 50 | 50 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE OUTCOME MEASURE # 1

Reduce the prevalence of obesity among children ages 9 - 11 yearss.

Annual Objective and Performance Data

| | 2000 | 2001 | 2002 | 2003 | 2004 |
|-----------------------------------|------|------|------|-------|-------|
| Annual Performance Objective | 18.9 | 17.1 | 15.4 | 13.8 | 12 |
| Annual Indicator | | 10.6 | 12.3 | 21.5 | 21.5 |
| Numerator | | 5 | 42 | | |
| Denominator | | 47 | 342 | | |
| Is the Data Provisional or Final? | | | | Final | Final |

Annual Objective and Performance Data

| | 2005 | 2006 | 2007 | 2008 | 2009 |
|------------------------------|------|------|------|------|------|
| Annual Performance Objective | 11.5 | 11 | 10.5 | 10 | 9.5 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 12

None

FIELD LEVEL NOTES

1. **Section Number:** Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2004
Field Note:
//2004// - the IMR for Palau for 2004 increased dramatically to a rate we have not seen since the late 70's and early 80's. We performed a complete IFMR review and the only significant finding in this review is the inadequacy of prenatal care.
2. **Section Number:** Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2002
Field Note:
We have not had "Black" race birth in Palau. Mixed births of Palauan ancestry are considered "Palauan". Mixed births of other races are noted by what the birth mother indicate on the Birth Certificate.
3. **Section Number:** Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2004
Field Note:
//2004// - There were not Black and/or White (race) infants born in Palau for the past several years.
4. **Section Number:** Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2002
Field Note:
All infant deaths were all neonatal deaths.
5. **Section Number:** Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2003
Field Note:
This rate includes deaths due to drowning/housefire/homicide. The homicide is of a boy who lost his life along with his father and mother. The housefire death is also of a boy who lost his life in a housefire whose autopsy revealed a high level of alcohol concentration in the blood.
6. **Section Number:** State Outcome Measure 1
Field Name: SO1
Row Name:
Column Name:
Year: 2002
Field Note:
Data based on BMI assessment completed for 6 elementary school in 2002.
7. **Section Number:** State Outcome Measure 1
Field Name: SO1
Row Name:
Column Name:
Year: 2003
Field Note:
The figure for 2003 is based on the result of 2003 YRBS.
8. **Section Number:** State Outcome Measure 1
Field Name: SO1
Row Name:
Column Name:
Year: 2004
Field Note:
//2004// This figure is the 2003 YRBS result, YRBS is conducted every two years. In 2005, we will be able to report on year to year data as we have implemented a national physical examination for all children which includes BMI measurements.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: PW

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

2

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

2

Total Score: 16

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: PW FY: 2006

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To implement a national neonatal hearing screening, diagnostic and treatment program.
2. To implement a neonatal genetic screening, diagnostic and treatment.
3. To reduce the use of tobacco and tobacco products among children and adolescents
4. To reduce the rate of depression among adolescents
5. To reduce the rate of death for adolescents and young adults under age 24
6. Reduce the prevalence of obesity among children under 14 years of age
7. To implement a community educator program in all communities of Palau
8. To provide physical examination to all children in grades 1 to 12th and provide appropriate intervention on an annual basis.
9. To reduce the percentage of pre-term delivery to no more than 2 by 2010
10. To improve coordination and quality of care for children with special health care needs to at least 70% by 2010

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: PW

APPLICATION YEAR: 2006

| No. | Category of Technical Assistance Requested | Description of Technical Assistance Requested (max 250 characters) | Reason(s) Why Assistance Is Needed (max 250 characters) | What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters) |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| 1. | General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ | Training on culturally appropriate Suicide Prevention | Suicide rate for young adults continue to be high | Hawaii |
| 2. | National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>15</u> | Occurence of Preterm birth and VLBW babies | Train community educators to deliver pregnancy related education | Hawaii |
| 3. | If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ | | | |
| 4. | If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ | | | |
| 5. | If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ | | | |
| 6. | If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ | | | |
| 7. | If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ | | | |
| 8. | If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ | | | |
| 9. | If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ | | | |
| 10. | If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ | | | |

| | | | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| | measure number here: _____ | | | |
| 11. | If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ | | | |
| 12. | If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ | | | |

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: PW

SP # 1

PERFORMANCE MEASURE:

The percentage of mothers who exclusively breastfeed their babies up to age 3 months.

STATUS:

Active

GOAL

To increase the proportion of mothers who breast feed their babies up to age 3 months.

DEFINITION

Numerator:

The number of mothers in Palau who exclusively breastfeed their babies up to age 3 months.

Denominator:

The of live births in Palau for the given calendar year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

MCH Breastfeeding database; Minisrty of Health, Palau

SIGNIFICANCE

The advantages of breastfeeding are indisputable and include nutritional, immunological, and psychological benefits to both infants and mother, as well as economic benefits.

SP # 2

PERFORMANCE MEASURE:

The proportion of children ages 13-14 who receives Annual Physical Examination which includes age appropriate screening, assessment, and counseling.

STATUS:

Active

GOAL

To increase the proportion of children age 13-14 who receives annual physical examination which includes age appropriate screening, assessment, and counseling.

DEFINITION

Numerator:

Number of children age 13 to 14 years who receives annual Physical Examination.

Denominator:

The population of children age 13 to 14 years.

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Bureau of Public Health; Data Office

SIGNIFICANCE

This age group is selected because it is when children are due for Tetanus Toxoid Booster as well as TB screening. This performance measure is also in line with the proposed plan to make Physical Examination a requirement for High School Entry in Palau.

SP # 3

PERFORMANCE MEASURE:

Develop support systems for parents and families that address their needs for parenting skills, discipline, and other lifecycle issues.

STATUS:

Active

GOAL

To develop support systems for parents and families that address their needs for parenting skills, discipline, and other lifecycle issues.

DEFINITION

Included as Attachment to this performance measure is a 12 points checklist that attempts to measure where Palau is in providing services for parents and families.

Numerator:

Not Applicable

Denominator:

Not Applicable

Units: 100 **Text:** percents

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

A twelve points checklist is developed to assess progress on this performance measure. The checklist is attached to this detail sheet.

SIGNIFICANCE

In the two focus groups that were held to discuss the need for child care services, one of the concern that was voiced by the parents and other community members who were present was the need for help in parenting skills, with emphasis on discipline, discussing sensitive issues such as family planning, STD's and others. Another important issue that came up is the issue of bullying in schools among children. While we do not have actual data to show as to how serious the problem is, it is important to begin addressing it by including it as one of the topics addressed when developing the support systems for parents and families.

SP # 4

PERFORMANCE MEASURE:

The prevalence rate of children and youth who uses tobacco products.

STATUS:

Active

GOAL

To reduce the prevalence rate of children and youth using tobacco to no more than 10 percent.

DEFINITION

Numerator:

Number of children and youth surveyed who responded that they are regular users of tobacco products.

Denominator:

Total number of children and youth surveyed.

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Survey data from the coordinated efforts of the Tobacco Coalition, Behavioral Health Division, and Ministry of Education.

SIGNIFICANCE

Palau's problem of Tobacco use is unique in that it's not as much as smoking; but more of Tobacco Chewing. Chewing of tobacco is combined with beetle nut that is a traditional habit of the local people. Tobacco is now added to the beetlenut, pepper leaves, and lime for chewing. A survey that was conducted in one school for children in the 4th to 8th grade in 1997 showed that 72% chew betel nut; 41 percent claims to be regular chewers; 78% of the regular chewers add tobacco in their chew. This habit has significant implications in people's oral health. Although there has been no study to document the true ill effects of tobacco chewing in association with betel nut, the Ministry of Health is closely observing the Mortality rates that might be associated with this habit, e.g. Oral, throat, and stomach cancer.

SP # 5

PERFORMANCE MEASURE:

The percentage of women age 18 and older who received a pap test within the preceding 1 to 3 years.

STATUS:

Active

GOAL

To increase to at least 95% the proportion of women aged 18 and older who have ever received a pap test, and to at least 85 percent those who received a Pap test in the preceding 1 to 3 years.

DEFINITION

Numerator:

The number of women age 18 and older who have received a Pap test in the preceding 1 to 3 years.

Denominator:

The number of women 18 years and older.

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Ministry of Health Data; Breast and Cervical Cancer Early Detection Program and MCH program.

SIGNIFICANCE

Cervical cancer is the number one cause of cancer related deaths among women in Palau. The incidence of STD's is very high for young women that can also contribute to cervical cancers. Pap smear is the most important life saving intervention that is locally available.

SP # 6

PERFORMANCE MEASURE:

The rate of birth (per 1,000) for teenagers age 12 through 18 years.

STATUS:

Active

GOAL

To lower the rate of birth among teenagers age 12 through 18 years.

DEFINITION

Numerator:

Number of live birth to teenagers age 18 years and under.

Denominator:

Number of females aged 12 to 18 in the calendar year.

Units: 1000 **Text:** Rate per thousand

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Ministry of Health Data

SIGNIFICANCE

For the youngest age for teenager for becoming pregnant is 12. Due to our small small population, we have chosen to monitor birth rates for a wider age range. Teen pregnancy leads to teenagers not completing High School and many other problems that have long lasting effects on the child born to teen parent.

SP # 7

PERFORMANCE MEASURE:

Anemia screening for infants born with low birth weight.

STATUS:

Active

GOAL

To increase the proportion of infants with low birth weight who are screened for anemia at the age of 6 months.

DEFINITION

Numerator:

Number of infants with low birth weight in the calendar year who are screened for anemia at 6 months.

Denominator:

Total number of infants with low birth weight in the given calendar year.

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

MCH clinic data; Ministry of Health

SIGNIFICANCE

For Palau, 11 percent of the babies born in 1997 had low birth weight. Nutrition and especially Iron deficiency is a big concern for this children in order to enhance growth and developmental attainment. In 1997, only 70 percent of the infants with low birth weight were screened at six months for anemia.

SP # 8

PERFORMANCE MEASURE:

The percent of infants and children under the age of 14 years who acquire unintentional injuries requiring a visit to Emergency or Outpatient Departments.

STATUS:

Active

GOAL

To lower the rate of infants and children under the age of 14 years who acquire unintentional injuries requiring a visit to Emergency or Outpatient department.

DEFINITION

Numerator:

Total number of unintentional injuries encounters in ER and Outpatient for all children under the age of 14 years in the given year.

Denominator:

Total number of children under the age of 14 years for the given year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Encounter Data; Ministry of Health

SIGNIFICANCE

The analysis of injury data that was carried out showed that in most case, the injuries are preventable. Preventing injuries through educational and awareness activities among parents, children, and community in general can have tremendous potential in financial cost savings for the government and families. Suffering and loss of work time are other important issues that could be minimized with reduced incidences of unintentional injuries.

SP # 9

PERFORMANCE MEASURE:

Percentage of infants who have been screened for hearing impairment by six month old.

STATUS:

Active

GOAL

To reduce the morbidity associated with hearing impairment through early detection.

DEFINITION

Numerator:

The number of infants 6 months who were screened for hearing impairment.

Denominator:

Number of 6 month old infants for the given year.

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Birth Certificate Data, Hearing Clinic Data; Ministry of Health

SIGNIFICANCE

The advantage of early detection of hearing impairments are indisputable and include necessary follow up of free and appropriate enrolment in habilitation and education programs. In addition to screening, more effort will be put into health teaching for parents on prevention of otitis media.

SP # 11

PERFORMANCE MEASURE:

To establish a system of intervention for adolescent (ages 12 - 19 yrs.) victims of physical/sexual abuse and child molestation

STATUS:

Active

GOAL

Children and Adolescents who become victims of abuse are provided appropriate services

DEFINITION

Numerator:

Number of adolescent needing counseling /treatment by nature

Denominator:

Adolescent Age Group 12 - 19 years.

Units: 1000 **Text:** rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Monitor Emergency Room encounters, police reports, behavioral health services encounters and Victims of Criminal Abuse (VOCA) information.

SIGNIFICANCE

During the recently held MCH Strategic Planning meeting it was voiced by the Adolescent Group that they view this as one, if not, the key factor that contributes to many behavioral problems/psychological and social problems of this age group. Every member of the adolescent group said that they know of a friend(s) who are currently experiencing problems due to sexual abuse/molestation in the home. The Group also felt that the system of assistance for adolescents will probably lower suicide and suicide attempts in this age group.

SO # 1

OUTCOME MEASURE:

Reduce the prevalence of obesity among children ages 9 - 11 years.

STATUS:

Active

GOAL

To reduce the prevalence of obesity among children ages 9 to 11 years.

DEFINITION

Numerator:

For this baseline data, we used the number of children ages 9 to 11 years who were found to have BMI equal to or greater than 23.0 for females and 24.8 for males. A total of 112 children were identified to have BMI equal to or above the cut off numbers for males and females.

Denominator:

The denominator used for this baseline data is the total number of children who received school physical examination in 1996. A total of 427 students from 3 schools were examined.

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Ministry of Health Data: A data analysis was performed on 427 medical records of school children age 9 to 11 years who received physical examination toward the end of 1996. The children are from the three most populated public schools in Koror or the Capital city of Palau. We will be trying to do more examination of children from the rural areas for comparison and for identification of risk behaviors. It has been decided that the data analysis on the weight measurements will be done every three years.

SIGNIFICANCE

We have chosen to work deal with obesity in children in a much younger age so that preventative measures could begin much earlier. This is based on the notion that obesity in children around age 10 is used as benchmark indicator for ill health in later life.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: PW

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

| | 2000 | 2001 | <u>Annual Indicator Data</u> | | 2004 |
|-----------------------------------|-------|-------|------------------------------|-------------|-------------|
| | | | 2002 | 2003 | |
| Annual Indicator | 20.9 | 46.7 | 27.4 | 96.0 | 73.1 |
| Numerator | 4 | 9 | 6 | 21 | 11 |
| Denominator | 1,918 | 1,928 | 2,187 | 2,187 | 1,504 |
| Is the Data Provisional or Final? | | | | Provisional | Provisional |

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

| | 2000 | 2001 | <u>Annual Indicator Data</u> | | 2004 |
|-----------------------------------|------|------|------------------------------|-------|-------------|
| | | | 2002 | 2003 | |
| Annual Indicator | 0 | 0 | 0 | 0 | 0.0 |
| Numerator | | | | | 0 |
| Denominator | | | | | 259 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

| | 2000 | 2001 | <u>Annual Indicator Data</u> | | 2004 |
|-----------------------------------|------|------|------------------------------|-------|-------|
| | | | 2002 | 2003 | |
| Annual Indicator | 0 | 0 | 0 | 0 | 0.0 |
| Numerator | | | | | 0 |
| Denominator | | | | | 259 |
| Is the Data Provisional or Final? | | | | Final | Final |

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

| | 2000 | 2001 | <u>Annual Indicator Data</u> | | 2004 |
|-----------------------------------|------|------|------------------------------|-------|-------|
| | | | 2002 | 2003 | |
| Annual Indicator | 60.0 | 76.0 | 36.7 | 29.8 | 42 |
| Numerator | 15 | 19 | 94 | 94 | |
| Denominator | 25 | 25 | 256 | 315 | |
| Is the Data Provisional or Final? | | | | Final | Final |

HEALTH SYSTEMS CAPACITY MEASURE # 07

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

| | <u>Annual Indicator Data</u> | | | | |
|-----------------------------------|------------------------------|--------|--------|--------|--------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Indicator | _____0 | _____0 | _____0 | _____0 | _____0 |
| Numerator | _____ | _____ | _____ | _____ | _____ |
| Denominator | _____ | _____ | _____ | _____ | _____ |
| Is the Data Provisional or Final? | | | | Final | Final |

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

| | <u>Annual Indicator Data</u> | | | | |
|-----------------------------------|------------------------------|--------|--------|--------|--------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| Annual Indicator | _____0 | _____0 | _____0 | _____0 | _____0 |
| Numerator | _____ | _____ | _____ | _____ | _____ |
| Denominator | _____ | _____ | _____ | _____ | _____ |
| Is the Data Provisional or Final? | | | | Final | Final |

FORM NOTES FOR FORM 17

//2004//This indicator is not appropriate for Palau. Palau does not receive Medicaid monies.

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2002
Field Note:
We do not report on this measure as we do not have EPSDT nor do we have MEDICAID programs.
2. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2003
Field Note:
Palau does not report on this measure. We do not qualify for Medicaid Program.
3. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2004
Field Note:
//2004// - Palau does not participate in the Medicaid Program.
4. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2002
Field Note:
We also do not SCHIP program in Palau
5. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2003
Field Note:
Palau does not report on this measure as we do not qualify for SCHIP Program
6. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2004
Field Note:
//2004// - Palau does not participate in the SCHIP Program. Palau is not eligible for these monies under the Compact of Free Association.
7. **Section Number:** Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2004
Field Note:
//2004// - Only 42% of our Pregnant Moms met this requirement prior to delivery. This continues to be really low despite the extent of mass media campaigns and community education we conduct from year to year.
8. **Section Number:** Health Systems Capacity Indicator #07
Field Name: HSC07
Row Name:
Column Name:
Year: 2002
Field Note:
As mentioned earlier, we do not have EPSDT nor do we have MEDICAID programs.
9. **Section Number:** Health Systems Capacity Indicator #07
Field Name: HSC07
Row Name:
Column Name:
Year: 2003
Field Note:
Palau does not report on this measure as we do not qualify for Medicaid Program.
10. **Section Number:** Health Systems Capacity Indicator #07
Field Name: HSC07
Row Name:
Column Name:
Year: 2004
Field Note:
//2004// - Again Palau does not have Medicaid Program and therefore this indicator cannot be reported. However, we do have routine early periodic screening and treatment for dental care for all school aged children. We consistently have over 80% school aged children screened and treated for dental problems on an annual basis.
11. **Section Number:** Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2002
Field Note:
Palau does not SSI Program. However, children with physical disability who are receipt of special education services receive on-site rehabilitative services.
12. **Section Number:** Health Systems Capacity Indicator #08

Field Name: HSC08
Row Name:
Column Name:
Year: 2003
Field Note:
Palau does not report on this measure as we do not qualify for the SSI Program.

13. **Section Number:** Health Systems Capacity Indicator #08

Field Name: HSC08
Row Name:
Column Name:
Year: 2004
Field Note:
//2004// - Palau does not have State SSI Program and therefore cannot report on this indicator. However, our CSHCN Program does not a Memorandum of Agreement with our State Special Education Program. Those children under the CSHCN services who requires regular rehabilitative services are provided these services by the Special Education Program until the child reaches 21 years of age. After 21 years of age, the child is referred to the Community-based Rehabilitation Services, whereby the Rehabilitation Services based at the Belau National Hospital work with families in the community to assure that these children continue to receive the required rehabilitation services.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: PW

| INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i> | YEAR | DATA SOURCE | POPULATION | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|------------|--------------|------|
| | | | MEDICAID | NON-MEDICAID | ALL |
| a) Percent of low birth weight (< 2,500 grams) | 2004 | Matching data files | _____ | 0.1 | 0.1 |
| b) Infant deaths per 1,000 live births | 2004 | Matching data files | _____ | 30.8 | 30.8 |
| c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester | 2004 | Matching data files | _____ | 0.3 | 0.3 |
| d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index]) | 2004 | Matching data files | _____ | 0.4 | 0.4 |

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)
STATE: PW

| INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i> | YEAR | PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------------------|
| a) Infants (0 to 1) | | _____ |
| b) Medicaid Children (Age range _____ to _____) (Age range _____ to _____) (Age range _____ to _____) | | _____ _____ _____ |
| c) Pregnant Women | | _____ |

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)
STATE: PW

| INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i> | YEAR | PERCENT OF POVERTY LEVEL SCHIP |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------|
| a) Infants (0 to 1) | 2004 | _____ |
| b) Medicaid Children (Age range _____ to _____) (Age range _____ to _____) (Age range _____ to _____) | | _____ _____ _____ |
| c) Pregnant Women | | _____ |

FORM NOTES FOR FORM 18

This indicator does not apply to Palau. Palau under the Compact of Free Association is not eligible for Medicaid Program

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Infant
Row Name: Infants
Column Name:
Year: 2006
Field Note:
//2004// - Again, reference is made to explanations under HSCI 05B
2. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2006
Field Note:
//2004// Reference is made to explanations made under HSCI 05B
3. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2006
Field Note:
//2004// - Reference is made to explanations made under HSCI 05B
4. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2006
Field Note:
//2004// Reference is made to explanations made under HSCI05B. Palau does not participate in the SCHIP Program.
5. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2006
Field Note:
//2004// Reference is made to explanations made under HSCI05B
6. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2006
Field Note:
//2004//Reference is made to explanations made under HSCI05B
7. **Section Number:** Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2006
Field Note:
Medicaid Program is not offered in Palau.
8. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2006
Field Note:
Medicaid Program is not offered in Palau and therefore we cannot report on the column for "Medicaid"
9. **Section Number:** Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2006
Field Note:
/2004// refer to explanation for 05B
10. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2006
Field Note:
//2004// - Reference is made to explanation provided under 05B

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: PW

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

| DATABASES OR SURVEYS | Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) * | Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N) |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| ANNUAL DATA LINKAGES | | |
| Annual linkage of infant birth and infant death certificates | 3 | Yes |
| Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files | 1 | No |
| Annual linkage of birth certificates and WIC eligibility files | 1 | No |
| Annual linkage of birth certificates and newborn screening files | 2 | Yes |
| REGISTRIES AND SURVEYS | | |
| Hospital discharge survey for at least 90% of in-State discharges | 3 | Yes |
| Annual birth defects surveillance system | 1 | No |
| Survey of recent mothers at least every two years (like PRAMS) | 3 | Yes |

*Where:

1 = No, the MCH agency does not have this ability.

2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.

3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: PW

| DATA SOURCES | Does your state participate in the YRBS survey? (Select 1 - 3)* | Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N) |
|-----------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Youth Risk Behavior Survey (YRBS) | 3 | Yes |
| Other: PRAMS-Like Survey | 3 | Yes |
| SLAITS-Like Survey | 3 | Yes |
| Community Assessment | 3 | Yes |

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

| Data Source | Does your state participate in this survey/data source? (Select 1 - 3)* | Does your MCH program have direct access to this electronic database for analysis? (Select Y/N) |
|--------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Youth Risk Behavior Survey (YRBS) | 3 | Yes |
| Pediatric Nutrition Surveillance System (PedNSS) | 1 | No |
| WIC Program Data | 1 | No |
| Other: | | |
| | | |
| | | |

*Where:

1 = No

2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.

3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

//2004/ - Some of the basic capacity and infrastructure systems required remains semi-completed. We continue to develop our capacity and infrastructure to perform investigations that will enable our program to be more "science-based"

Birth defects surveillance systems have not been fully implemented. We had proposed to do this project with the Division of Environmental and Sanitation, however, funding did not come through on this project and so it has been tabled for now. Palau also does not have WIC program.

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: PW

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

| | 2000 | 2001 | <u>Annual Indicator Data</u> | | 2004 |
|-----------------------------------|------|------|------------------------------|-------------|-------------|
| | | | 2002 | 2003 | |
| Annual Indicator | 3.2 | 4.0 | 10.0 | 7.1 | 12.4 |
| Numerator | 9 | 12 | 26 | 22 | 32 |
| Denominator | 278 | 300 | 259 | 312 | 259 |
| Is the Data Provisional or Final? | | | | Provisional | Provisional |

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

| | 2000 | 2001 | <u>Annual Indicator Data</u> | | 2004 |
|-----------------------------------|------|------|------------------------------|------|-------------|
| | | | 2002 | 2003 | |
| Annual Indicator | 3.3 | 4.0 | 10.0 | | 10.0 |
| Numerator | 9 | 12 | 26 | | 26 |
| Denominator | 276 | 300 | 259 | | 259 |
| Is the Data Provisional or Final? | | | | | Provisional |

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

| | 2000 | 2001 | <u>Annual Indicator Data</u> | | 2004 |
|-----------------------------------|------|------|------------------------------|------|-------------|
| | | | 2002 | 2003 | |
| Annual Indicator | 0.7 | 1.3 | 0.0 | | 2.3 |
| Numerator | 2 | 4 | 0 | | 6 |
| Denominator | 276 | 300 | 259 | | 259 |
| Is the Data Provisional or Final? | | | | | Provisional |

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

| | 2000 | 2001 | <u>Annual Indicator Data</u> | | 2004 |
|-----------------------------------|------|------|------------------------------|------|-------------|
| | | | 2002 | 2003 | |
| Annual Indicator | 0.7 | 1.3 | 0.0 | | 1.5 |
| Numerator | 2 | 4 | 0 | | 4 |
| Denominator | 276 | 300 | 259 | | 259 |
| Is the Data Provisional or Final? | | | | | Provisional |

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

| | 2000 | 2001 | <u>Annual Indicator Data</u> | | 2004 |
|-----------------------------------|-------|-------|------------------------------|------|-------------|
| | | | 2002 | 2003 | |
| Annual Indicator | 68.4 | 25.6 | 0.0 | | 0.0 |
| Numerator | 3 | 1 | 0 | | 0 |
| Denominator | 4,384 | 3,912 | 3,912 | | 4,667 |
| Is the Data Provisional or Final? | | | | | Provisional |

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

| | 2000 | 2001 | <u>Annual Indicator Data</u> | | 2004 |
|-----------------------------------|-------|-------|------------------------------|------|-------------|
| | | | 2002 | 2003 | |
| Annual Indicator | 0.0 | 0.0 | 0.0 | | 0.0 |
| Numerator | 0 | 0 | 0 | | 0 |
| Denominator | 4,384 | 3,912 | 3,912 | | 4,667 |
| Is the Data Provisional or Final? | | | | | Provisional |

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

| | 2000 | 2001 | <u>Annual Indicator Data</u> | | 2004 |
|-----------------------------------|-------|-------|------------------------------|------|-------------|
| | | | 2002 | 2003 | |
| Annual Indicator | 0.0 | 0.0 | 73.2 | | 0.0 |
| Numerator | 0 | 0 | 2 | | 0 |
| Denominator | 2,732 | 2,732 | 2,732 | | 2,362 |
| Is the Data Provisional or Final? | | | | | Provisional |

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

| | 2000 | 2001 | <u>Annual Indicator Data</u> | | 2004 |
|-----------------------------------|-------|-------|------------------------------|------|-------------|
| | | | 2002 | 2003 | |
| Annual Indicator | 250.9 | 228.1 | 365.0 | | 428.5 |
| Numerator | 11 | 10 | 16 | | 20 |
| Denominator | 4,384 | 4,384 | 4,384 | | 4,667 |
| Is the Data Provisional or Final? | | | | | Provisional |

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

| | 2000 | 2001 | <u>Annual Indicator Data</u> | | 2004 |
|-----------------------------------|-------|-------|------------------------------|------|-------------|
| | | | 2002 | 2003 | |
| Annual Indicator | 91.2 | 127.8 | 153.4 | | 85.7 |
| Numerator | 4 | 5 | 6 | | 4 |
| Denominator | 4,384 | 3,912 | 3,912 | | 4,667 |
| Is the Data Provisional or Final? | | | | | Provisional |

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

| | 2000 | 2001 | <u>Annual Indicator Data</u> | | 2004 |
|-----------------------------------|-------|-------|------------------------------|------|-------------|
| | | | 2002 | 2003 | |
| Annual Indicator | 475.8 | 109.8 | 658.9 | | 635.1 |
| Numerator | 13 | 3 | 18 | | 15 |
| Denominator | 2,732 | 2,732 | 2,732 | | 2,362 |
| Is the Data Provisional or Final? | | | | | Provisional |

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

| | 2000 | 2001 | <u>Annual Indicator Data</u> | | 2004 |
|-----------------------------------|------|-------|------------------------------|------|-------------|
| | | | 2002 | 2003 | |
| Annual Indicator | 19.0 | 1.3 | 11.6 | | 35.7 |
| Numerator | 8 | 2 | 18 | | 21 |
| Denominator | 422 | 1,550 | 1,550 | | 588 |
| Is the Data Provisional or Final? | | | | | Provisional |

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

| | 2000 | 2001 | <u>Annual Indicator Data</u> | | 2004 |
|-----------------------------------|-------|-------|------------------------------|------|-------------|
| | | | 2002 | 2003 | |
| Annual Indicator | 13.6 | 6.8 | 9.7 | | 16.5 |
| Numerator | 52 | 26 | 37 | | 61 |
| Denominator | 3,827 | 3,827 | 3,827 | | 3,702 |
| Is the Data Provisional or Final? | | | | | Provisional |

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

1. **Section Number:** Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2002
Field Note:
Five deaths in this age group were due to fatal injuries. Three (3) of the deaths in this age group were due to alcohol related motor vehicle crashes that resulted in two of the deaths occuring when the vehicle ran off the road into the sea where the kids drowned. The other two deaths were due to suicide and stabbing.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: PW

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

| CATEGORY TOTAL POPULATION BY RACE | Total All Races | White | Black or African American | American Indian or Native Alaskan | Asian | Native Hawaiian or Other Pacific Islander | More than one race reported | Other and Unknown |
|------------------------------------------------------|----------------------------|--------------|--------------------------------------|----------------------------------------------|--------------|----------------------------------------------------------|----------------------------------------|------------------------------|
| Infants 0 to 1 | 259 | | | 1 | 23 | 235 | | |
| Children 1 through 4 | 1,504 | | | | | 1,504 | | |
| Children 5 through 9 | 1,588 | | | | | 1,588 | | |
| Children 10 through 14 | 1,575 | | | | | 1,575 | | |
| Children 15 through 19 | 1,177 | | | | | 1,177 | | |
| Children 20 through 24 | 1,185 | | | | | 1,185 | | |
| Children 0 through 24 | 7,288 | 0 | 0 | 1 | 23 | 7,264 | 0 | 0 |

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

| CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY | Total NOT Hispanic or Latino | Total Hispanic or Latino | Ethnicity Not Reported |
|------------------------------------------------------------|-------------------------------------|---------------------------------|-------------------------------|
| Infants 0 to 1 | 259 | | |
| Children 1 through 4 | 1,504 | | |
| Children 5 through 9 | 1,588 | | |
| Children 10 through 14 | 1,575 | | |
| Children 15 through 19 | 1,177 | | |
| Children 20 through 24 | 1,185 | | |
| Children 0 through 24 | 7,288 | 0 | 0 |

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: PW

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

| CATEGORY TOTAL LIVE BIRTHS BY RACE | Total All Races | White | Black or African American | American Indian or Native Alaskan | Asian | Native Hawaiian or Other Pacific Islander | More than one race reported | Other and Unknown |
|-------------------------------------------------------|----------------------------|--------------|--------------------------------------|----------------------------------------------|--------------|----------------------------------------------------------|----------------------------------------|------------------------------|
| Women < 15 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Women 15 through 17 | 6 | 0 | 0 | 0 | 0 | 6 | 0 | 0 |
| Women 18 through 19 | 12 | 0 | 0 | 0 | 0 | 12 | 0 | 0 |
| Women 20 through 34 | 64 | 0 | 0 | 1 | 4 | 59 | 0 | 0 |
| Women 35 or older | 201 | 0 | 0 | 0 | 19 | 182 | 0 | 0 |
| Women of all ages | 283 | 0 | 0 | 1 | 23 | 259 | 0 | 0 |

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

| CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY | Total NOT Hispanic or Latino | Total Hispanic or Latino | Ethnicity Not Reported |
|-------------------------------------------------------------|-------------------------------------|---------------------------------|-------------------------------|
| Women < 15 | 0 | 0 | 0 |
| Women 15 through 17 | 6 | 0 | 0 |
| Women 18 through 19 | 12 | 0 | 0 |
| Women 20 through 34 | 59 | 0 | 0 |
| Women 35 or older | 182 | 0 | 0 |
| Women of all ages | 259 | 0 | 0 |

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: PW

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

| CATEGORY TOTAL DEATHS BY RACE | Total All Races | White | Black or African American | American Indian or Native Alaskan | Asian | Native Hawaiian or Other Pacific Islander | More than one race reported | Other and Unknown |
|--------------------------------------------------|----------------------------|--------------|--------------------------------------|----------------------------------------------|--------------|----------------------------------------------------------|----------------------------------------|------------------------------|
| Infants 0 to 1 | 8 | | | 1 | | 7 | | |
| Children 1 through 4 | 1 | | | | | 1 | | |
| Children 5 through 9 | 1 | | | | | 1 | | |
| Children 10 through 14 | 0 | | | | | 0 | | |
| Children 15 through 19 | 1 | | | | | 1 | | |
| Children 20 through 24 | 3 | | | | | 3 | | |
| Children 0 through 24 | 14 | 0 | 0 | 1 | 0 | 13 | 0 | 0 |

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

| CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY | Total NOT Hispanic or Latino | Total Hispanic or Latino | Ethnicity Not Reported |
|--------------------------------------------------------|-------------------------------------|---------------------------------|-------------------------------|
| Infants 0 to 1 | 8 | | |
| Children 1 through 4 | 1 | | |
| Children 5 through 9 | 1 | | |
| Children 10 through 14 | 0 | | |
| Children 15 through 19 | 1 | | |
| Children 20 through 24 | 3 | | |
| Children 0 through 24 | 14 | 0 | 0 |

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: PW

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

| CATEGORY Miscellaneous Data BY RACE | Total All Races | White | Black or African American | American Indian or Native Alaskan | Asian | Native Hawaiian or Other Pacific Islander | More than one race reported | Other and Unknown | Specific Reporting Year |
|----------------------------------------------------------|----------------------------|--------------|------------------------------------------|------------------------------------------------------|--------------|--------------------------------------------------------------|--------------------------------------------|------------------------------|----------------------------------------|
| All children 0 through 19 | 5,844 | | | | 23.0 | 5,821.0 | | | 2004 |
| Percent in household headed by single parent | | | | | | 0.4 | | | 2004 |
| Percent in TANF (Grant) families | | | | | | 0 | | | 2004 |
| Number enrolled in Medicaid | 0 | | | | | 0 | | | 2004 |
| Number enrolled in SCHIP | 0 | | | | | 0 | | | 2004 |
| Number living in foster home care | 0 | | | | | 0 | | | 2004 |
| Number enrolled in food stamp program | 0 | | | | | 0 | | | 2004 |
| Number enrolled in WIC | 0 | | | | | 0 | | | 2004 |
| Rate (per 100,000) of juvenile crime arrests | | | | | | 0 | | | 2004 |
| Percentage of high school drop-outs (grade 9 through 12) | | | | | | 0.1 | | | 2004 |

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

| CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY | Total NOT Hispanic or Latino | Total Hispanic or Latino | Ethnicity Not Reported | Specific Reporting Year |
|--------------------------------------------------------------|-----------------------------------------|-------------------------------------|-----------------------------------|------------------------------------|
| All children 0 through 19 | 5,844.0 | | | 2004 |
| Percent in household headed by single parent | 0.4 | | | 2004 |
| Percent in TANF (Grant) families | 0 | | | 2004 |
| Number enrolled in Medicaid | 0 | | | 2004 |
| Number enrolled in SCHIP | 0 | | | 2004 |
| Number living in foster home care | 0 | | | 2004 |
| Number enrolled in food stamp program | 0 | | | 2004 |
| Number enrolled in WIC | 0 | | | 2004 |
| Rate (per 100,000) of juvenile crime arrests | 0 | | | 2004 |
| Percentage of high school drop-outs (grade 9 through 12) | 0.1 | | | 2004 |

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: PW

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

| GEOGRAPHIC LIVING AREAS | TOTAL |
|------------------------------------------|--------------|
| Living in metropolitan areas | 0 |
| Living in urban areas | 0 |
| Living in rural areas | 5,844 |
| Living in frontier areas | 0 |
| Total - all children 0 through 19 | 5,844 |

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: PW

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

| POVERTY LEVELS | TOTAL |
|-------------------------------|----------|
| Total Population | 19,605.0 |
| Percent Below: 50% of poverty | 0.3 |
| 100% of poverty | 0.3 |
| 200% of poverty | 0.2 |

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: PW

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

| POVERTY LEVELS | TOTAL |
|---------------------------------|---------|
| Children 0 through 19 years old | 5,844.0 |
| Percent Below: 50% of poverty | 0.3 |
| 100% of poverty | 0.3 |
| 200% of poverty | 0.2 |

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

None

NEW STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: PW

SP # 1

PERFORMANCE MEASURE:

Implement a national neonatal hearing screening, diagnostic and treatment

GOAL

All neonates will be screened for hearing prior to hospital discharge

DEFINITION

To screen all neonates for hearing defects in order to provide early medical, family and community-based intervention so that children with congenital hearing defects can have better chance in life

Numerator:

Number of neonates screened prior to hospital discharge

Denominator:

All live births occurring in the year.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

Low and Very Low Birthweight exceeds Healthy People 2010 Objective

Children with Special Health Care Needs Program identifies children with hearing loss and learning problem as the most common disability in children of Palau

DATA SOURCES AND DATA ISSUES

Public Health Information System and Family Health Clinic Data Sources

SIGNIFICANCE

Identify children with hearing loss early so that intervention can be provided early on

OBJECTIVE

| | | | | |
|------|------|------|------|------|
| 2006 | 2007 | 2008 | 2009 | 2010 |
|------|------|------|------|------|

SP # 2

PERFORMANCE MEASURE:

To implement a national neonatal genetic screening, diagnostic and treatment services

GOAL

All neonates in Palau will be screened, diagnosed and treated for (identified) congenital anomalies

DEFINITION

Certain forms of congenital anomalies are treatable so that children can have normal lives. These anomalies are identified in the MCH Title V Guidelines

Numerator:

Number neonates screened

Denominator:

Number of births for occurring year

Units: Text: 0

HEALTHY PEOPLE 2010 OBJECTIVE

Objective relating to congenital screening

Objective relating to children with special health care needs requiring early identification, diagnosis and treatment

DATA SOURCES AND DATA ISSUES

Public Health Information System, Family Health Unit Information System

SIGNIFICANCE

Children are identified and intervention is provided early in life.

OBJECTIVE

| | | | | |
|------|------|------|------|------|
| 2006 | 2007 | 2008 | 2009 | 2010 |
|------|------|------|------|------|

SP # 3

PERFORMANCE MEASURE:

To develop/implement a community educator program

GOAL

Family Health Education will be provided in all communities of Palau regularly

DEFINITION

Increasing Family Health education in all communities as a means of increasing lay knowledge so that people can be better informed. This knowledge base can lead them to make better decisions about their health.

Numerator:

Number of Activities by type carried out in communities

Denominator:

Number of community educators actively working in communities

Units: Yes **Text:** Text

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Monthly reports submitted each month to FHU Program

SIGNIFICANCE

This objective is to empower community people to be their own educators. They will be trained by Public Health Professionals so that they can carry accurate information in their community education activities

OBJECTIVE

| | | | | |
|------|------|------|------|------|
| 2006 | 2007 | 2008 | 2009 | 2010 |
|------|------|------|------|------|

SP # 4

PERFORMANCE MEASURE:

To provide physical examination for all children of Palau from 1st to 12th grade.

GOAL

All school aged children will be physically examined annually and those identified with health risk problem will be provided intervention.

DEFINITION

the physical examination consist of physical and psycho-social including substance use and behavioral examination of children.

Numerator:

All children who are provided this physical examination

Denominator:

All children in the age group of 06 to 19 years olds.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

OBJECTIVE

| | | | | |
|------|------|------|------|------|
| 2006 | 2007 | 2008 | 2009 | 2010 |
|------|------|------|------|------|

SP # 5

PERFORMANCE MEASURE:

To reduce the rate of depression for adolescents

GOAL

All children identified with signs/symptoms of depression will be provided appropriate screening, evaluation and treatment.

DEFINITION

increasing rate of suicide of young people in Palau is a continued cause of concern for the leaders of Palau. Depression has been identified as one of the main reasons why young people in Palau attempt/commit suicide

Numerator:

all children who are identified with signs/symptoms of depression

Denominator:

Age group between 10 and 19

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Public Health Information System; School Health Program Data Base

SIGNIFICANCE

Providing intervention early on and teaching children ways that they can deal with life issues

OBJECTIVE

| | | | | |
|------|------|------|------|------|
| 2006 | 2007 | 2008 | 2009 | 2010 |
|------|------|------|------|------|

SP # 6

PERFORMANCE MEASURE:

To reduce the rate of tobacco use among children and adolescents

GOAL

The rate of tobacco use among children and adolescents will be reduced to less than 5% in five years

DEFINITION

Tobacco use of minors have been shown to contribute to life time use pattern in adulthood. Tobacco use have been shown to contribute to many chronic illnesses in early adulthood

Numerator:

children and adolescent tobacco users

Denominator:

all children in the age group (lowest user to 18 and under)

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

OBJECTIVE

| | | | | |
|------|------|------|------|------|
| 2006 | 2007 | 2008 | 2009 | 2010 |
|------|------|------|------|------|

SP # 7

PERFORMANCE MEASURE:

Increase the rate of pregnant women entering prenatal clinic in the first trimester

GOAL

Pregnant women will receive appropriate number of prenatal care that begins in the first trimester

DEFINITION

Prenatal care has been documented to play a great role in improved birth outcomes. Many problems associated with pregnancies can be managed so it does not negatively impact on the the birth and the process of birth. This measure is also a way we will use to improve birth outcomes for pregnant women.

Numerator:

Number of birthing mothers for the year

Denominator:

Number of prenatal clinics attended

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Public Health Information System; FHU Clinic Data Base

SIGNIFICANCE

OBJECTIVE

| | | | | |
|------|------|------|------|------|
| 2006 | 2007 | 2008 | 2009 | 2010 |
|------|------|------|------|------|

SP # 8

PERFORMANCE MEASURE:

Reduce the percentage of pre-term delivery to no more than 2 by 2010

GOAL

Pregnant women will have term labor

DEFINITION

Pre-term delivery is a major contributor to neonatal and fetal deaths. This has been on the rise in the past five years and may continue to affect child death rate if it is not stopped.

Numerator:
preterm delivery

Denominator:
all deliveries for the year

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Infant, Fetal and Neonatal Death

DATA SOURCES AND DATA ISSUES

Birth and death certificates/fetal death certificates

SIGNIFICANCE

OBJECTIVE

| | | | | |
|------|------|------|------|------|
| 2006 | 2007 | 2008 | 2009 | 2010 |
|------|------|------|------|------|

SP # 9

PERFORMANCE MEASURE:

Improve quality of care for children with special health care needs to no less than 70% by 2010

GOAL

CSHCN will have access to quality health care

DEFINITION

Quality of Care generally determines the success or unsuccessful of health systems in the eyes of clients and care takers. This will be measures by several qualifying questions that are asked in a SLAITS-like survey that is conducted every two years.

Numerator:

Number of positive response to the Quality of Care Question

Denominator:

Number of clients surveyed for the given year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

NPMs1 - 5.

DATA SOURCES AND DATA ISSUES

SLAITS like survey

SIGNIFICANCE

OBJECTIVE

| | | | | |
|------|------|------|------|------|
| 2006 | 2007 | 2008 | 2009 | 2010 |
|------|------|------|------|------|

SO # 1

OUTCOME MEASURE: Reduce perinatal death rate to less than 10 by 2010 +

GOAL Positive birth outcome for mother and child.

DEFINITION Fetal death including deaths prior to 28 days of life

Numerator:
all perinatal deaths

Denominator:
all live births for given year

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES fetal and infant death records

SIGNIFICANCE Reduction of infant and fetal death. improvement of birth outcomes.

OBJECTIVE

| 2006 | 2007 | 2008 | 2009 | 2010 |
|------|------|------|------|------|
| 25 | 22 | 18 | 15 | 10 |

